| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| NORTHERN DISTRICT OF OHIO                       |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | ■ Chapter 7                   |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  |                                      |
|   | ☐ Chapter 13                  | ☐ Check if this is an amended filing |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Dakota First name  J Middle name  Laraby Last name and Suffix (Sr., Jr., II, III) | Danielle First name  E. Middle name  Laraby  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | ·   |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-7809   | xxx-xx-5884   |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 3858 Hazelhurst   | If Debtor 2 lives at a different address:  |
|    |  | Toledo, OH 43612  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Lucas<br>County   | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

|     | btor 1<br>btor 2        | Dakota J Laraby<br>Danielle E. Laraby   | ,                                       |  | Case numb   | er (if known)   |
|-----|-------------------------|---|---|--|---|---|
|     |                         |   |   |  |   |   |
| Pai | rt 2:                   | Tell the Court About  | Your Bankruptcy Ca                      | ase  |   |   |
| 7.  | Bank                    | chapter of the<br>cruptcy Code you are  |   | orief description of each, see <i>No</i> go to the top of page 1 and che |   | 342(b) for Individuals Filing for Bankruptcy  |
|     | choo                    | sing to file under  | Chapter 7                               |  |   |   |
|     |                         |   | ☐ Chapter 11                            |  |   |   |
|     |                         |   | ☐ Chapter 12                            |  |   |   |
|     |                         |   | ☐ Chapter 13                            |  |   |   |
| 8.  | How                     | you will pay the fee  | about how yo                            | ou may pay. Typically, if you are attorney is submitting your pay        | paying the fee yourself, you r  | erk's office in your local court for more details<br>may pay with cash, cashier's check, or money<br>erney may pay with a credit card or check with                                   |
|     |                         |   |   | y the fee in installments. If you ee in Installments (Official Form      |   | attach the Application for Individuals to Pay   |
|     |                         |   | I request that but is not request to yo | at my fee be waived (You may uired to, waive your fee, and ma            | request this option only if you<br>ay do so only if your income is<br>e to pay the fee in installment | are filing for Chapter 7. By law, a judge may, seess than 150% of the official poverty line that s). If you choose this option, you must fill out 3B) and file it with your petition. |
|     |                         |   |   |  |   |   |
| 9.  |                         | you filed for ruptcy within the   | ■ No.                                   |  |   |   |
|     | last 8                  | 3 years?  | ☐ Yes.                                  |  |   |   |
|     |                         |   | District                                |  | When  | Case number   |
|     |                         |   | District                                |  | When  | Case number   |
|     |                         |   | District                                |  | When  | Case number   |
| 10. |                         | any bankruptcy<br>s pending or being  | ■ No                                    |  |   |   |
|     | filed<br>not fi<br>you, | by a spouse who is<br>iling this case with<br>or by a business<br>ner, or by an | ☐ Yes.                                  |  |   |   |
|     |                         |   | Debtor                                  |  |   | Relationship to you   |
|     |                         |   | District                                |  | When  | Case number, if known   |
|     |                         |   | Debtor                                  |  |   | Relationship to you   |
|     |                         |   | District                                |  | When  | Case number, if known   |
| 11. |                         | ou rent your  | ■ No. Go to                             | ine 12.  |   |   |
|     | resid                   | lence?  | ☐ Yes. Has yo                           | our landlord obtained an eviction  | i judgment against you?   |   |

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

| Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  I am not filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes.  Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention  |      | tor 2 Dakota J Laraby Danielle E. Laraby  | ,                  | Case number (if known)  |
|--|------|---|--------------------|---|
| A set you a sole proprietor of any full- or part-time business?   A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.   Number, Street, City, State & ZIP Code  | Pari | 2. Poport About Any Ru  | einossos           | You Own as a Sala Branzistar  |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or L.C. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.    William of the proprietor of the p |      |   | 311103303          | Tou Own as a sole i reprietor   |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Number, Street, City, State & ZIP Code    Number, Street, City, State & ZIP Code  | 12.  | of any full- or part-time   | ■ No.              | Go to Part 4.   |
| Name of business, if any   |      |   | ☐ Yes.             | Name and location of business   |
| Check the appropriate box to describe your business:   Check the appropriate box to describe your business:   Health Care Business (as defined in 11 U.S.C. § 101(27A))   Garage Saste Real Estate (as defined in 11 U.S.C. § 101(51B))   Stockbroker (as defined in 11 U.S.C. § 101(51B))   Commodity Broker (as defined in 11 U.S.C. § 101(51B))   None of the above    1  |      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation, |                    | Name of business, if any  |
| it to this petition.    Check the appropriate box to describe your business:   Health Care Business (as defined in 11 U.S.C. § 101(57A))   Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A))   Commodity Broker (as defined in 11 U.S.C. § 101(53A))   Commodity Broker (as defined in 11 U.S.C. § 101(53A))   None of the above   |      | sole proprietorship, use a  |                    | Number, Street, City, State & ZIP Code  |
| Health Care Business (as defined in 11 U.S.C. § 101(27A))   Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   Stockbroker (as defined in 11 U.S.C. § 101(53A))   Commodity Broker (as defined in 11 U.S.C. § 101(65B))   None of the above    13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor as mall business debtor?   For a definition of small business debtor, see 11 U.S.C. § 101(51D).   No.   I am not filing under Chapter 11. but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   Yes.   What is the hazard?   I immediate attention?   Yes.   What is the hazard?   I immediate attention?   If immediate attention?   If immediate attention is needed, why is it needed?   Where is the property?   Where is the p   |      |   |                    | Check the appropriate box to describe your business:  |
| Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above  If you are filling under Chapter 11 of the Bankruptcy Code and are you a small business debtor, so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. \$101(51D).  No. I am not filing under Chapter 11.  I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  If it is the hazard?  What is the hazard?  What is the hazard?  What is the property?  Where is the property?  Where is the property?  Where is the property?  |      | •   |                    |   |
| Commodity Broker (as defined in 11 U.S.C. § 101(6))   None of the above  |      |   |                    | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |
| None of the above    13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor so that it can set appropriate deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).    No.   I am not filing under Chapter 11.  |      |   |                    | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor so that it can set appropriate deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).    No.   I am not filing under Chapter 11.   No.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.    Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.    Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.    Yes.   What is the hazard?   What is the hazard?   If immediate attention?   For example, do you own any perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   Where is the property?   Where is the property is the property in the definition of the definition in the Bankruptcy are a small business debtor, you are a small business debtor, you are a  |      |   |                    | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |
| Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. □ Yes. □ I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No. □ I am filing under Chapter 11. □ No.  |      |   |                    | ☐ None of the above   |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D).    No.   I am filling under Chapter 11.   | 13.  | Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i>                               | deadline operation | s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of<br>is, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure   |
| business debtor, see 11 U.S.C. § 101(51D).  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention  No.  Yes.  What is the hazard?  If immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  Where is the property?   |      |   | ■ No.              | I am not filing under Chapter 11.   |
| Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention  14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  No.  What is the hazard?  If immediate attention is needed?  Where is the property?  Where is the property?  |      | business debtor, see 11   | □ No.              |   |
| In the state of t  |      |   | ☐ Yes.             | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code  |
| If immediate attention?    Ves.   Ves | Parí | 4: Report if You Own or   | Have Any           | Hazardous Property or Any Property That Needs Immediate Attention   |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  What is the hazard?  What is the hazard?  If immediate attention is needed?  Where is the property?  |      | •   |                    | inacional and a series of the |
| public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  If immediate attention is needed, why is it needed?  Where is the property?  |      | property that poses or is alleged to pose a threat of imminent and  |                    | What is the hazard?   |
| For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?   |      | public health or safety?<br>Or do you own any<br>property that needs                                      |                    |   |
| perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?   |      | immediate attention?  |                    | needed, why is it needed?   |
|  |      | perishable goods, or<br>livestock that must be fed,<br>or a building that needs                           |                    | Where is the property?  |
|  |      | <b>J</b> 2000 - <b>2 p</b> 2000 <b>2</b> 0  |                    | Number, Street, City, State & Zip Code  |

Debtor 1 Dakota J Laraby Debtor 2 Danielle E. Laraby

Case number (if known)

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

|  | otor 1 Dakota J Laraby otor 2 Danielle E. Laraby  | ,                  |  |   | Case numbe               | 「 (if known)  |  |
|--|---|--------------------|--|---|--------------------------|---|--|
| Par  | t 6: Answer These Questi  | ions for R         | eporting Purposes  |   |                          |   |  |
| 16.  | What kind of debts do you have?   | 16a.               | Are your debts primarily individual primarily for a positive control of the contr |   |                          | ned in 11 U.S.C. § 101(8) as "incurred by an  |  |
|  |   |                    | ☐ No. Go to line 16b.  |   |                          |   |  |
|  |   |                    | ■ Yes. Go to line 17.  |   |                          |   |  |
|  |   | 16b.               | Are your debts primarily money for a business or in  |   |                          |   |  |
|  |   |                    | ☐ No. Go to line 16c.  |   |                          |   |  |
|  |   |                    | ☐ Yes. Go to line 17.  |   |                          |   |  |
|  |   | 16c.               | State the type of debts you  | u owe that are not consu                                | mer debts or busines     | s debts   |  |
| 17.  | Are you filing under<br>Chapter 7?  | □ No.              | I am not filing under Chap   | oter 7. Go to line 18.                                  |                          |   |  |
|  | Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses | ■ Yes.             | are paid that funds will be  |   |                          | erty is excluded and administrative expenses  |  |
|  | are paid that funds will  |                    | ■ No   |   |                          |   |  |
|  | be available for distribution to unsecured creditors?   |                    | Yes  |   |                          |   |  |
| 18.  | How many Creditors do   | <b>1</b> -49       |  | <b>1</b> ,000-5,000                                     | )                        | □ 25,001-50,000   |  |
|  | you estimate that you owe?  | □ 50-99            |  | 5001-10,000   |                          | ☐ 50,001-100,000  |  |
|  |   | □ 100-1<br>□ 200-9 |  | ☐ 10,001-25,0   | 000                      | ☐ More than100,000  |  |
|  |   | <b>L</b> 200-9     | <del></del>  |   |                          |   |  |
| 19.  | How much do you estimate your assets to   | <b>\$0 - \$</b>    | 50,000   | <b>\$1,000,001</b>                                      |                          | ☐ \$500,000,001 - \$1 billion   |  |
|  | be worth?   |                    | 01 - \$100,000   | □ \$10,000,00°<br>□ \$50,000,00°                        |                          | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                 |  |
|  |   |                    | 001 - \$500,000<br>001 - \$1 million   |   | 01 - \$500 million       | ☐ More than \$50 billion  |  |
| 20.  | How much do you   | □ \$0 - \$         | 50,000   | \$1,000,001   | - \$10 million           | □ \$500,000,001 - \$1 billion   |  |
|  | estimate your liabilities to be?  |                    | 001 - \$100,000  | □ \$10,000,00 <sup>-2</sup> □ \$50,000,00 <sup>-2</sup> |                          | □ \$1,000,000,001 - \$10 billion  |  |
|  |   |                    | 001 - \$500,000<br>001 - \$1 million   |   | 01 - \$500 million       | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                             |  |
| Par  | 7: Sign Below   |                    |  |   |                          |   |  |
| For  | you   | I have ex          | amined this petition, and I  | declare under penalty of p                              | perjury that the inform  | nation provided is true and correct.  |  |
|  |   |                    |  |   |                          | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.           |  |
|  |   |                    | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out t document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |   |                          |   |  |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |   |                    |  |   | cified in this petition. |   |  |
|  |   |                    | cy case can result in fines ι  |   |                          | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |
|  |   |                    | ota J Laraby<br>J Laraby   |   | /s/ Danielle E. Laral    |   |  |
|  |   |                    | e of Debtor 1  |   | Signature of Debtor      |   |  |
|  |   | Executed           | d on <u>January 13, 2020</u><br>MM / DD / YYYY   |   | Executed on MM           | wary 13, 2020<br>/ DD / YYYY  |  |

| Debtor 1 | Dakota J Laraby    |                        |  |
|----------|--------------------|------------------------|--|
| ebtor 2  | Danielle E. Laraby | Case number (if known) |  |
|          |                    |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brian Hizer                        | Date          | January 13, 2020    |  |
|--|---------------|---------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY      |  |
| Brian Hizer 0075033                    |               |                     |  |
| Printed name                           |               |                     |  |
| Law Office of Brian A. Hizer           |               |                     |  |
| Firm name                              |               |                     |  |
| 6800 W. Central Avenue, D4             |               |                     |  |
| Toledo, OH 43617                       |               |                     |  |
| Number, Street, City, State & ZIP Code |               |                     |  |
| Contact phone <b>419-841-3600</b>      | Email address | brianahizer@bex.net |  |
| 0075033 OH                             |               |                     |  |
| Bar number & State                     |               |                     |  |

| Debt         | otor 1 Dakota J Laraby   |  |                    |                         |
|--------------|--|--|--------------------|-------------------------|
|              | First Name Middle Name   | Last Name  |                    |                         |
|              | otor 2 Danielle E. Laraby  |  |                    |                         |
| Spous        | use if, filing) First Name Middle Name   | Last Name  |                    |                         |
| Jnite        | ted States Bankruptcy Court for the: NORTHERN DISTRICT C   | OF OHIO  |                    |                         |
| Case         | se number  |  |                    |                         |
| (if knov     |  |  | ☐ Check            | if this is an           |
|              |  |  | amend              | ded filing              |
| Sun<br>Be as | ficial Form 106Sum  mmary of Your Assets and Liabilities and scomplete and accurate as possible. If two married people a mation. Fill out all of your schedules first; then complete the original forms, you must fill out a new Summary and check | are filing together, both are equally responsible fo<br>information on this form. If you are filing amende | r supplyin         |                         |
| Part         | t1: Summarize Your Assets  |  |                    |                         |
|              |  |  | Your as<br>Value o | ssets<br>f what you own |
| 1.           | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   |  | \$                 | 0.00                    |
|              | 1b. Copy line 62, Total personal property, from Schedule A/B   |  | \$                 | 9,970.00                |
|              | 1c. Copy line 63, Total of all property on Schedule A/B  |  | \$                 | 9,970.00                |
| Part :       | 2: Summarize Your Liabilities  |  |                    |                         |
|              |  |  |                    | abilities<br>t you owe  |
|              | Schedule D: Creditors Who Have Claims Secured by Property (2a. Copy the total you listed in Column A, Amount of claim, at the  |  | \$                 | 13,105.00               |
| 3.           | Schedule E/F: Creditors Who Have Unsecured Claims (Official 3a. Copy the total claims from Part 1 (priority unsecured claims   | Form 106E/F) ) from line 6e of <i>Schedule E/F</i>   | \$                 | 3,609.00                |
|              | 3b. Copy the total claims from Part 2 (nonpriority unsecured cla   |  | \$                 | 65,562.67               |
|              |  | Your total liabilities   | \$                 | 82,276.67               |
| Part :       | 3: Summarize Your Income and Expenses  | '  |                    |                         |
| 4.           | Schedule I: Your Income (Official Form 106I)   |  |                    |                         |
|              | Copy your combined monthly income from line 12 of Schedule I   | <u></u>  | \$                 | 3,186.08                |
|              | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  |  | \$                 | 3,716.00                |
|              |  |  |                    |                         |
|              | 4: Answer These Questions for Administrative and Statis  | tical Records  |                    |                         |
| Part •       |  | tical Records  |                    |                         |
| Part 4       | Answer These Questions for Administrative and Statis  Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Chapters 7, 11, or 13?  |  | ır other sch       | nedules.                |
| Part •       | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |  | ır other sch       | nedules.                |

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Official Form 106Sum

the court with your other schedules.

page 1 of 2

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

| Debtor 1 | Dakota J Laraby    |
|----------|--------------------|
| Debtor 2 | Danielle F. Laraby |

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,058.58

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 3,609.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 15,483.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 19,092.00 |

|   | mation to identify your case a   | nd this filing:  |                            |   |
|---|--|--|----------------------------|---|
| Debtor 1  | Dakota J Laraby First Name   | Middle Name Last Name  |                            |   |
| Debtor 2  | Danielle E. Laraby   |  |                            |   |
| (Spouse, if filing)   |  | Middle Name Last Name  |                            |   |
| United States Ba  | ankruptcy Court for the: NORT  | HERN DISTRICT OF OHIO  |                            |   |
| Case number   |  |  |                            | ☐ Check if this is an amended filing      |
|   |  |  |                            |   |
| Official Fo   | orm 106A/B   |  |                            |   |
| <b>Schedul</b>  | le A/B: Property   | /  |                            | 12/15                                     |
| think it fits best. E<br>information. If mor<br>Answer every ques | Be as complete and accurate as por<br>re space is needed, attach a separ<br>stion. | List an asset only once. If an asset fits in more than one<br>possible. If two married people are filing together, both are<br>ate sheet to this form. On the top of any additional pages<br>or Other Real Estate You Own or Have an Interest In   | equally responsible for su | pplying correct                           |
|   |  |  |                            |   |
| 1. Do you own or  | have any legal or equitable interes  | st in any residence, building, land, or similar property?  |                            |   |
| No. Go to Pa  |  |  |                            |   |
| ☐ Yes. Where  | is the property?   |  |                            |   |
|   |  |  |                            |   |
| Part 2: Describe  | Your Vehicles  |  |                            |   |
| 3. Cars, vans, tr □ No ■ Yes                                      | rucks, tractors, sport utility ve  | hicles, motorcycles  |                            |   |
| 3.1 Make:   | Ford   | Who has an interest in the property? Check one   | Do not deduct secured cla  |   |
| Model:  | Edge   | Debtor 1 only  | Creditors Who Have Clair   |   |
| Year:   | 2010   | Debtor 2 only  | Current value of the       | Current value of the                      |
| Approxima<br>Other infor  | te mileage: 150000   | ■ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  | entire property?           | portion you own?                          |
|   |  | At least one of the deplots and another  |                            |   |
|   |  | ☐ Check if this is community property (see instructions)   | \$6,500.00                 | \$6,500.00                                |
|   |  |  |                            |   |
| Examples: Boa  No  Yes  Add the dolla pages you have              | ats, trailers, motors, personal wa   | d other recreational vehicles, other vehicles, and a tercraft, fishing vessels, snowmobiles, motorcycle accompany of the state of the s | entries for                | \$6,500.00                                |
|   |  | ems<br>terest in any of the following items?   |                            | Current value of the                      |
|   |  |  |                            | oortion you own?<br>Oo not deduct secured |

claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1<br>Debtor 2      | Dakota J Lara<br>Danielle E. La  |   | nown)                                 |
|---------------------------|--|---|---------------------------------------|
| Exampl<br>☐ No            |  | nishings<br>es, furniture, linens, china, kitchenware   |                                       |
| ■ Yes.                    | Describe   |   | <b>#0.000.00</b>                      |
|                           |  | Furniture   | \$2,000.00                            |
| □No                       | les: Televisions and   | radios; audio, video, stereo, and digital equipment; computers, printers, scanners; m<br>nones, cameras, media players, games | usic collections; electronic devices  |
|                           |  | TV/PC   | \$550.00                              |
| Example ■ No              |  | gurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp<br>s, memorabilia, collectibles    | , coin, or baseball card collections; |
| Example No                | nent for sports and<br>les: Sports, photogr<br>musical instrum<br>Describe | aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; ca                                       | noes and kayaks; carpentry tools;     |
| ■ No                      |  | shotguns, ammunition, and related equipment   |                                       |
| □ No                      |  | nes, furs, leather coats, designer wear, shoes, accessories   |                                       |
|                           |  | Clothing  | \$750.00                              |
| ■ No                      |  | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge   | ems, gold, silver                     |
| Exam <sub>i</sub><br>■ No | arm animals ples: Dogs, cats, bir Describe                                 | ds, horses  |                                       |
| ■ No                      | ther personal and  | household items you did not already list, including any health aids you did not mation  | list                                  |
|                           |  | all of your entries from Part 3, including any entries for pages you have attache umber here                                  | \$3,300.00                            |
|                           | escribe Your Financia  |   |                                       |
| Do you ov                 | wn or have any leg   | al or equitable interest in any of the following?   | Current value of the portion you own? |

Official Form 106A/B

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Best Case Bankruptcy

page 2

Schedule A/B: Property

| Debtor 1<br>Debtor 2 | Dakota J Laraby<br>Danielle E. Laraby   |                         |  | Case number (if known)                                     |   |
|----------------------|---|-------------------------|--|--|---|
|                      |   |                         |  |  | Do not deduct secured claims or exemptions. |
| □ No                 | nples: Money you have in you  | •                       |  | on hand when you file your petition                        |   |
|                      |   |                         |  | Cash   | \$20.00                                     |
|                      |   |                         | ts; certificates of deposit; sha<br>th the same institution, list ea | ares in credit unions, brokerage hou                       | ses, and other similar                      |
| □ No<br>■ Yes        |   |                         | Institution name:  |  |   |
| <b>—</b> 163         |   |                         |  |  |   |
|                      | 17.1.   | Credit Union            | Jeep Country Federa  | al Credit Union  | \$150.00                                    |
| Exam<br>■ No         | s, mutual funds, or publicly aples: Bond funds, investmen                                   | t accounts with broke   |  | counts   |   |
|                      | •••••   | stitution or issuer nar |  |  |   |
| joint                | oublicly traded stock and in<br>venture   | terests in incorpora    | ted and unincorporated bu  | sinesses, including an interest in                         | an LLC, partnership, and                    |
| ■ No<br>□ Yes        | . Give specific information all   | oout theme of entity:   |  | % of ownership:  |   |
| Nego                 | rnment and corporate bond<br>tiable instruments include pe<br>negotiable instruments are th | rsonal checks, cashie   | rs' checks, promissory notes   | , and money orders.  |   |
| ■ No<br>□ Yes        | . Give specific information ab  | out them<br>r name:     |  |  |   |
|                      | ement or pension accounts<br>aples: Interests in IRA, ERISA                                 | v, Keogh, 401(k), 403(  | (b), thrift savings accounts, o                                      | r other pension or profit-sharing pla                      | ns  |
| ☐ Yes                | . List each account separatel<br>Type of  | y.<br>account:          | Institution name:  |  |   |
| Your<br><i>Exam</i>  | ity deposits and prepayme<br>share of all unused deposits<br>aples: Agreements with landlo  | you have made so the    |  | or use from a company<br>er), telecommunications companies | , or others                                 |
| ■ No<br>□ Yes        |   |                         | Institution name or individ  | dual:  |   |
| 23. <b>Annu</b> i    | ities (A contract for a periodic  | c payment of money to   | o you, either for life or for a n                                    | umber of years)  |   |
| ■ No<br>□ Yes        | lssuer name   | and description.        |  |  |   |
| 26 U.S               | sts in an education IRA, in a<br>i.C. §§ 530(b)(1), 529A(b), ar                             |                         | ified ABLE program, or und   | der a qualified state tuition progra                       | am.   |
| ■ No<br>□ Yes        | Institution na  | me and description. S   | Separately file the records of a                                     | any interests.11 U.S.C. § 521(c):                          |   |
| ■ No                 |   |                         | er than anything listed in lin                                       | ne 1), and rights or powers exerci                         | sable for your benefit                      |
| ⊔ Yes                | . Give specific information at  | oout them               |  |  |   |

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Best Case Bankruptcy

page 3

Schedule A/B: Property

Official Form 106A/B

|     | ebtor 1<br>ebtor 2 | Dakota J<br>Danielle    | Laraby<br>E. Laraby  | Case number (if known)                           |   |
|-----|--------------------|-------------------------|--|--|---|
| 26. |                    |                         | s, trademarks, trade secrets, and other intellectudomain names, websites, proceeds from royalties a                        |  |   |
|     |                    | Give specifi            | c information about them   |  |   |
|     | Examp<br>■ No      | les: Building           | es, and other general intangibles permits, exclusive licenses, cooperative association c information about them            | n holdings, liquor licenses, professional licens | ees   |
| M   | oney or p          | property ow             | red to you?  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     |                    | unds owed               | to you   |  |   |
|     | ■ No<br>□ Yes. 0   | Give specific           | c information about them, including whether you alre   | ady filed the returns and the tax years          |   |
|     | ■ No               | <i>les:</i> Past du     | e or lump sum alimony, spousal support, child support  | ort, maintenance, divorce settlement, property   | v settlement  |
|     | Examp  ■ No        | les: Unpaid<br>benefits | meone owes you wages, disability insurance payments, disability ben s; unpaid loans you made to someone else c information | efits, sick pay, vacation pay, workers' compe    | nsation, Social Security  |
| 31. | _Examp             |                         | nce policies<br>disability, or life insurance; health savings account (  | HSA); credit, homeowner's, or renter's insura    | nce   |
|     | ■ No<br>□ Yes. N   | Name the in             | surance company of each policy and list its value.<br>Company name:  | Beneficiary:                                     | Surrender or refund value:  |
| 32. | If you a           |                         | perty that is due you from someone who has die<br>ficiary of a living trust, expect proceeds from a life in                |  | eive property because   |
|     | ■ No<br>□ Yes.     | Give specifi            | c information  |  |   |
|     | Examp<br>■ No      | les: Accider            | rd parties, whether or not you have filed a lawsuits, employment disputes, insurance claims, or rights                     |  |   |
|     |                    |                         | ınd unliquidated claims of every nature, includin  | g counterclaims of the debtor and rights to      | o set off claims  |
|     | ■ No               |                         | ich claim  | · ·  |   |
|     |                    |                         | ts you did not already list  |  |   |
|     | ■ No<br>□ Yes.     | Give specifi            | c information  |  |   |
| 36  |                    |                         | lue of all of your entries from Part 4, including a  |  | \$170.00  |
|     |                    |                         |  |  |   |

Official Form 106A/B Schedule A/B: Property page 4 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

| Debtor 1<br>Debtor 2 | Dakota J Laraby<br>Danielle E. Laraby  |                        | Case number (if known)       |                   |
|----------------------|--|------------------------|------------------------------|-------------------|
| 37. <b>Do you</b>    | own or have any legal or equitable interest in any business-relate   | d property?            | _                            |                   |
| ■ No. G              | o to Part 6.   |                        |                              |                   |
| ☐ Yes.               | Go to line 38.   |                        |                              |                   |
|                      | escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.              | Own or Have an Interes | st In.                       |                   |
| 46. <b>Do yo</b>     | u own or have any legal or equitable interest in any farm-   | or commercial fishir   | ng-related property?         |                   |
| ■ No                 | . Go to Part 7.  |                        |                              |                   |
| ☐ Ye                 | s. Go to line 47.  |                        |                              |                   |
| Part 7:              | Describe All Property You Own or Have an Interest in That You  | Did Not List Above     |                              |                   |
| Exam<br>■ No         | u have other property of any kind you did not already list?  sples: Season tickets, country club membership  Give specific information |                        |                              |                   |
| 54. <b>Add</b>       | the dollar value of all of your entries from Part 7. Write that  | t number here          |                              | \$0.00            |
| Part 8:              | List the Totals of Each Part of this Form  |                        |                              |                   |
| 55. <b>Part</b>      | 1: Total real estate, line 2   |                        |                              | \$0.00            |
| 56. <b>Part</b>      | 2: Total vehicles, line 5  | \$6,500.00             |                              |                   |
| 57. <b>Part</b>      | 3: Total personal and household items, line 15   | \$3,300.00             |                              |                   |
| 58. <b>Part</b>      | 4: Total financial assets, line 36   | \$170.00               |                              |                   |
| 59. <b>Part</b>      | 5: Total business-related property, line 45  | \$0.00                 |                              |                   |
| 60. <b>Part</b>      | 6: Total farm- and fishing-related property, line 52   | \$0.00                 |                              |                   |
| 61. <b>Part</b>      | 7: Total other property not listed, line 54 +  | \$0.00                 |                              |                   |
| 62. <b>Tota</b>      | I personal property. Add lines 56 through 61   | \$9,970.00             | Copy personal property total | <b>\$9,970.00</b> |
| 63. Tota             | l of all property on Schedule A/B. Add line 55 + line 62   |                        |                              | \$9 970 00        |

Official Form 106A/B Schedule A/B: Property page 5

| mation to identify your  | case:  |  |  |
|--------------------------|--|--|--|
| Dakota J Laraby          |  |  |  |
| First Name               | Middle Name  | Last Name  |  |
| Danielle E. Larab        | <b>y</b>   |  |  |
| First Name               | Middle Name  | Last Name  |  |
| ankruptcy Court for the: | NORTHERN DISTRICT  | OF OHIO  |  |
|                          |  |  | ☐ Check if this is an amended filing   |
|                          | Dakota J Laraby First Name Danielle E. Laraby First Name | First Name Middle Name  Danielle E. Laraby  First Name Middle Name | Dakota J Laraby       First Name     Middle Name     Last Name       Danielle E. Laraby       First Name     Middle Name     Last Name |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exem | ptions are you cla | aiming? Check one | only, even if your s | pouse is filing with you. |
|----|-------------------|--------------------|-------------------|----------------------|---------------------------|
|----|-------------------|--------------------|-------------------|----------------------|---------------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemptio  |
|--------------------------------------|-----------------------------------|---|--|
| Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |  |
| \$2,000.00                           |                                   | \$2,000.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$550.00                             |                                   | \$550.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 2020:00(A)(4)(u)   |
| \$750.00                             |                                   | \$750.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$20.00                              |                                   | \$20.00   | Ohio Rev. Code Ann. §<br>2329.66(A)(3)   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 2020:00(1.1)(0)  |
| \$150.00                             |                                   | \$150.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(18)  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit | ( )( -)  |
|                                      | \$2,000.00 \$750.00 \$20.00       | \$2,000.00  | \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$32,000.00  \$42,000.00  \$550.00  \$550.00  \$550.00  \$100% of fair market value, up to any applicable statutory limit  \$750.00  \$750.00  \$100% of fair market value, up to any applicable statutory limit  \$20.00  \$100% of fair market value, up to any applicable statutory limit  \$20.00  \$100% of fair market value, up to any applicable statutory limit  \$20.00  \$100% of fair market value, up to any applicable statutory limit |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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Best Case Bankruptcy

| Debtor<br>Debtor | • | kota J Laraby<br>nielle E. Laraby  | Case number (if known)         |  |
|------------------|---|--|--------------------------------|--|
|                  | • | claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on or | after the date of adjustment.) |  |
| _                |   | Did you acquire the property covered by the exemption within 1,215 days  | before you filed this case?    |  |
|                  |   | Yes  |                                |  |

Official Form 106C

| Fill in this infor  | mation to identify you     | ir case.   |                   |                                  |                        |                          |
|---------------------|----------------------------|--|-------------------|----------------------------------|------------------------|--------------------------|
|                     |                            |  |                   |                                  |                        |                          |
| Debtor 1            | Dakota J Larab             | Middle Name  | Last Name         |                                  |                        |                          |
| Debtor 2            | Danielle E. Lara           | abv  |                   |                                  |                        |                          |
| (Spouse if, filing) | First Name                 | Middle Name  | Last Name         |                                  |                        |                          |
| United States Ba    | ankruptcy Court for the    | : NORTHERN DISTRICT OF O   | HIO               |                                  |                        |                          |
| Case number         |                            |  |                   |                                  |                        |                          |
| (if known)          |                            |  |                   |                                  | ☐ Check                | if this is an            |
|                     |                            |  |                   |                                  | amend                  | ded filing               |
| Official Forr       | m 106D                     |  |                   |                                  |                        |                          |
|                     |                            | Who Have Claims  | Secureo           | hy Propert                       | v                      | 12/15                    |
| <del>Jeneaule</del> | D. Cicartors               | Wild Have Claims   | <del>Jeeu e</del> | a by 1 Topert                    | <u>y</u>               | 12/13                    |
|                     | e Additional Page, fill it | If two married people are filing toget out, number the entries, and attach is            |                   |                                  |                        |                          |
|                     | s have claims secured b    | y your property?   |                   |                                  |                        |                          |
| `                   |                            | his form to the court with your othe   | r schedules. Yo   | ou have nothing else t           | o report on this form. |                          |
| _                   | n all of the information   | ,  |                   | 54g 555 .                        |                        |                          |
|                     |                            | below.   |                   |                                  |                        |                          |
| Part 1: List A      | All Secured Claims         |  |                   | Column A                         | Column B               | Column C                 |
|                     |                            | more than one secured claim, list the cr<br>s a particular claim, list the other credito |                   | Amount of claim                  | Value of collateral    | Unsecured                |
|                     |                            | ical order according to the creditor's nar   |                   | Do not deduct the                | that supports this     | portion                  |
| 2.1 CNAC            |                            | Describe the property that secures   | the claim:        | value of collateral. \$13,105.00 | claim<br>\$6,500.00    | If any <b>\$6,605.00</b> |
| Creditor's Nam      | ne                         | Describe the property that secures 2010 Ford Edge 150000 mil                             | -                 | \$13,103.00                      | \$6,500.00             | \$0,005.00               |
|                     |                            | 2010 Ford Edge 130000 IIII   | 62                |                                  |                        |                          |
|                     |                            |  |                   |                                  |                        |                          |
| 12802 Ha            | milton Crossing            | As of the date you file, the claim is<br>apply.  | : Check all that  |                                  |                        |                          |
| Carmel, I           | N 46032                    | Contingent   |                   |                                  |                        |                          |
| Number, Stree       | et, City, State & Zip Code | Unliquidated   |                   |                                  |                        |                          |
|                     |                            | ☐ Disputed   |                   |                                  |                        |                          |
| Who owes the de     | ebt? Check one.            | Nature of lien. Check all that apply.  |                   |                                  |                        |                          |
| Debtor 1 only       |                            | An agreement you made (such as   | mortgage or sec   | cured                            |                        |                          |
| Debtor 2 only       |                            | car loan)  |                   |                                  |                        |                          |
| ■ Debtor 1 and D    | Debtor 2 only              | ☐ Statutory lien (such as tax lien, me   | echanic's lien)   |                                  |                        |                          |
|                     | the debtors and another    | ☐ Judgment lien from a lawsuit   |                   |                                  |                        |                          |
| Check if this c     |                            | Other (including a right to offset)  | Purchase N        | Money Security                   |                        |                          |
| Date debt was inc   | 7/2018                     | Last 4 digits of account nun   | nber <u>8008</u>  |                                  |                        |                          |
|                     |                            |  |                   |                                  |                        |                          |
| Add the dollar w    | value of your entries in C | Column A on this page. Write that nur  | nher here:        | \$13,10                          | 5.00                   |                          |
|                     |                            | the dollar value totals from all pages   |                   |                                  |                        |                          |
| Write that numb     |                            |  |                   | \$13,10                          | J5.UU                  |                          |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

| Fill                                  | in this informa  | ation to identify your case:   |   |   |  |  |   |  |
|---------------------------------------|--|--|---|---|--|--|---|--|
| Del                                   | otor 1   | Dakota J Laraby  |   |   |  |  |   |  |
|                                       |  | First Name   | Middle Name   | Last Nar  | ne   |  |   |  |
|                                       | otor 2   | Danielle E. Laraby First Name  | Middle Nows   | L oot Nov   |  |  |   |  |
| (Spc                                  | ouse if, filing)   | FIRST Name   | Middle Name   | Last Nar  | ne   |  |   |  |
| Uni                                   | ted States Banl  | kruptcy Court for the: NO  | RTHERN DISTRICT O   | F OHIO  |  |  |   |  |
| Cas                                   | se number  |  |   |   |  |  |   |  |
| (if kr                                | nown)  |  |   |   |  |  | _   | k if this is an  |
|                                       |  |  |   |   |  |  | _ amer  | nded filing  |
| Off                                   | icial Form   | 106E/F   |   |   |  |  |   |  |
| Sc                                    | hedule E/  | F: Creditors Who   | Have Unsecur  | ed Claim  | าร   |  |   | 12/15  |
| any e<br>Sche<br>Sche<br>left.<br>nam | executory contra<br>edule G: Executo<br>edule D: Creditor<br>Attach the Conti<br>e and case numl | accurate as possible. Use Part<br>acts or unexpired leases that c<br>ory Contracts and Unexpired L<br>rs Who Have Claims Secured be<br>nuation Page to this page. If your<br>per (if known). | ould result in a claim. A<br>eases (Official Form 106<br>y Property. If more spac<br>ou have no information t | Also list execut<br>G). Do not inc<br>ce is needed, c   | ory contract<br>lude any cre<br>opy the Part | s on Schedule A/B:<br>ditors with partially<br>you need, fill it out | Property (Official Fosecured claims that number the entries | orm 106A/B) and on<br>t are listed in<br>in the boxes on the |
|                                       |  | s have priority unsecured clair  |   |   |  |  |   |  |
|                                       | ☐ No. Go to Par  | • •  | ugus. you.  |   |  |  |   |  |
|                                       | Yes.   |  |   |   |  |  |   |  |
| 2.                                    | identify what type<br>possible, list the<br>Part 1. If more th                                   | priority unsecured claims. If a case of claim it is. If a claim has both claims in alphabetical order accordan one creditor holds a particulation of each type of claim, see the             | priority and nonpriority an<br>rding to the creditor's nam<br>r claim, list the other credit                  | mounts, list that<br>ne. If you have<br>tors in Part 3. | claim here a<br>more than tw                 | nd show both priority<br>o priority unsecured o                      | and nonpriority amou<br>laims, fill out the Con             | unts. As much as an attinuation Page of                      |
|                                       | _  |  |   |   |  | Total claim  | Priority<br>amount  | Nonpriority<br>amount  |
| 2.1                                   | Services   |  | Last 4 digits of a  | ccount numbe  | r  | \$3,609.00   | \$3,609.0   | 0 \$0.00   |
|                                       |  | ditor's Name<br>ns Street<br>OH 43604  | When was the de   | bt incurred?  | 2013   |  | _   |  |
|                                       | Number Stre  | eet City State Zip Code  | As of the date you  | u file, the clain                                       | n is: Check a                                | II that apply  |   |  |
|                                       | _  | the debt? Check one.   | ☐ Contingent  |   |  |  |   |  |
|                                       | Debtor 1 on  |  | Unliquidated  |   |  |  |   |  |
|                                       | Debtor 2 on  | ly   | ☐ Disputed  |   |  |  |   |  |
|                                       | Debtor 1 an  | d Debtor 2 only  | Type of PRIORITY  | Y unsecured c   | laim:  |  |   |  |
|                                       | ☐ At least one   | of the debtors and another   | ■ Domestic supp   | ort obligations   |  |  |   |  |
|                                       | ☐ Check if thi   | is claim is for a community de   | bt Taxes and cert   | tain other debts  | you owe the                                  | government   |   |  |
|                                       |  | bject to offset?   | ☐ Claims for deat   | th or personal in                                       | njury while yo                               | u were intoxicated   |   |  |
|                                       | ■ No<br>□ Yes  |  | Other. Specify  |   |  |  |   | _  |
|                                       | ⊔ res  |  |   | child sup   | port arrea                                   | rs   |   |  |
|                                       |  |  |   |   |  |  |   |  |
| Par                                   | t 2: List All  | of Your NONPRIORITY Un   | secured Claims  |   |  |  |   |  |
| 3.                                    | Do any creditors   | s have nonpriority unsecured   | claims against you?   |   |  |  |   |  |
|                                       | ☐ No. You have   | nothing to report in this part. Su   | bmit this form to the court   | with your other   | schedules.                                   |  |   |  |
|                                       | Yes.   |  |   |   |  |  |   |  |
| 4.                                    | unsecured claim,   | nonpriority unsecured claims in list the creditor separately for each holds a particular claim, list the   | ach claim. For each claim   | listed, identify v                                      | vhat type of c                               | laim it is. Do not list o  | laims already include                                       | d in Part 1. If more   |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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35870

| 2 Danielle E. Laraby   | Case number (if known)  |               |
|--|---|---------------|
| Acceptance Now   | Last 4 digits of account number   | \$1,355       |
| Nonpriority Creditor's Name<br>5501 Headquarters Dr.<br>Plano, TX 75024      | When was the debt incurred? 2016  | , , , , , , , |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |               |
| Who incurred the debt? Check one.  |   |               |
| ☐ Debtor 1 only  | ☐ Contingent  |               |
| Debtor 2 only  | Unliquidated  |               |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community                                     | ☐ Student loans   |               |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |               |
| Yes  | Other. Specify  |               |
| Asset Recovery Solutions   | Last 4 digits of account number   | \$214         |
| Nonpriority Creditor's Name 2200 E. Devon Ave.                               | When was the debt incurred?   |               |
| Suite 200  | when was the debt incurred?   |               |
| Des Plaines. IL 60018  |   |               |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |               |
| Who incurred the debt? Check one.  |   |               |
| Debtor 1 only  | ☐ Contingent  |               |
| Debtor 2 only  | ■ Unliquidated  |               |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community                                     | ☐ Student loans   |               |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |               |
| Is the claim subject to offset?  | report as priority claims   |               |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |               |
| Yes  | Other. Specify  |               |
| Associate Credit SE  | Last 4 digits of account number   | \$354         |
| Nonpriority Creditor's Name 11 S. Flanders Rd, Ste 140 Westborough, MA 01581 | When was the debt incurred? 2019  |               |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |               |
| Who incurred the debt? Check one.  | ***   |               |
| ☐ Debtor 1 only  | ☐ Contingent  |               |
| ☐ Debtor 2 only  | ■ Unliquidated  |               |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |               |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |               |
| ☐ Check if this claim is for a community                                     | ☐ Student loans   |               |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |               |
| Is the claim subject to offset?  | report as priority claims   |               |
| No   | Debts to pension or profit-sharing plans, and other similar debts   |               |
| □Yes   | Other. Specify  |               |

Schedule E/F: Creditors Who Have Unsecured Claims

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|     | Dakota J Laraby Laraby  |   |                                       |  |  |  |  |
|-----|---|---|---------------------------------------|--|--|--|--|
| 4.4 | Collection Associates, Inc.   | Last 4 digits of account number   | \$50.00                               |  |  |  |  |
|     | Nonpriority Creditor's Name<br>1809 N. Broadway<br>Greensburg, IN 47240   | When was the debt incurred?   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
|     | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |                                       |  |  |  |  |
|     | ☐ Debtor 1 only   | ☐ Contingent  |                                       |  |  |  |  |
|     | Debtor 2 only   | ■ Unliquidated  |                                       |  |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |                                       |  |  |  |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                                       |  |  |  |  |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |                                       |  |  |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                                       |  |  |  |  |
|     | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |                                       |  |  |  |  |
|     | Yes   | Other. Specify  |                                       |  |  |  |  |
| 4.5 | Columbia Gas of Ohio, Inc. Nonpriority Creditor's Name  | Last 4 digits of account number   | \$1,905.00                            |  |  |  |  |
|     | P.O. Box 742510   | When was the debt incurred? 2018  |                                       |  |  |  |  |
|     | Cincinnati, OH 45274  | As of the data was file the plain in Ol. 1 Hill 1   |                                       |  |  |  |  |
|     | Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one. |   |                                       |  |  |  |  |
|     | Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Contingent   |   |                                       |  |  |  |  |
|     | Debtor 2 only   | ■ Unliquidated  |                                       |  |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  |   |                                       |  |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  □ Disputed  Type of NONPRIORITY unsecured claim:  |   |                                       |  |  |  |  |
|     | Check if this claim is for a community  | ☐ Student loans   |                                       |  |  |  |  |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                       |  |  |  |  |
|     | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                                       |  |  |  |  |
|     | Yes   | Other. Specify utilities  |                                       |  |  |  |  |
| 4.6 | Credence Resource Management LLC  | Last 4 digits of account number   | \$3,949.00                            |  |  |  |  |
|     | Nonpriority Creditor's Name P.O. Box 2238   | When was the debt incurred? 2017  |                                       |  |  |  |  |
|     | Southgate, MI 48195  Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |                                       |  |  |  |  |
|     | Who incurred the debt? Check one.   |   |                                       |  |  |  |  |
|     | ☐ Debtor 1 only   | ☐ Contingent  |                                       |  |  |  |  |
|     | ☐ Debtor 2 only   |   |                                       |  |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                       |  |  |  |  |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                                       |  |  |  |  |
|     | ☐ Check if this claim is for a community  |   |                                       |  |  |  |  |
|     | debt  | Obligations arising out of a separation agreement or divorce that you did not                             |                                       |  |  |  |  |
|     | Is the claim subject to offset?   | report as priority claims   |                                       |  |  |  |  |
|     | No  | Debts to pension or profit-sharing plans, and other similar debts   |                                       |  |  |  |  |
|     | Yes   | ■ Other. Specify cell service   |                                       |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Credit Adjustments Nonpriority Creditor's Name            | Last 4 digits of account number many  | \$4,949.0 |
|---|---|-----------|
| 330 Florence St. Defiance, OH 43512                       | When was the debt incurred? 2017  |           |
| Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                         |   |           |
| ☐ Debtor 1 only   | ☐ Contingent  |           |
| ☐ Debtor 2 only   | Unliquidated  |           |
| ■ Debtor 1 and Debtor 2 only                              | ☐ Disputed  |           |
| ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                  | ☐ Student loans   |           |
| debt Is the claim subject to offset?                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |           |
| Yes   | ■ Other. Specify medical collections  |           |
| Diversified Consultants                                   | Last 4 digits of account number   | \$530.0   |
| Nonpriority Creditor's Name Po Box 551268                 | When was the debt incurred? 2015  | •         |
| Jacksonville, FL 32255  Number Street City State Zip Code | As of the date you file the claim is: Check all that apply  |           |
| Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply   |           |
| ☐ Debtor 1 only   | ☐ Contingent  |           |
| Debtor 2 only   | ■ Unliquidated  |           |
| ■ Debtor 1 and Debtor 2 only                              | ☐ Disputed  |           |
| ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                  | ☐ Student loans   |           |
| debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |           |
| Is the claim subject to offset?                           | report as priority claims   |           |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| Yes   | Other. Specify collections  |           |
| Eagle Loan of Ohio Nonpriority Creditor's Name            | Last 4 digits of account number   | \$2,673.7 |
| 5414 Monroe Street<br>Toledo, OH 43623                    | When was the debt incurred? 2019  |           |
| Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                         |   |           |
| Debtor 1 only   | ☐ Contingent  |           |
| Debtor 2 only   | Unliquidated  |           |
| ■ Debtor 1 and Debtor 2 only                              | ☐ Disputed  |           |
| $\square$ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                  | ☐ Student loans   |           |
| debt Is the claim subject to offset?                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |           |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |           |
| Yes   | ■ Other. Specify Civil Suit Judgment  |           |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Enhanced Recovery  | Last 4 digits of account number   | \$371.0  |
|--|---|----------|
| Nonpriority Creditor's Name<br>Po Box 57547<br>Jacksonville, FL 32241-7000 | When was the debt incurred? 2018  |          |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  |   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
| ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                   | ☐ Student loans   |          |
| debt<br>Is the claim subject to offset?                                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |          |
| No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Other. Specify  |          |
| Finance Systems of Tolodo  |   | ¢640.4   |
| Finance Systems of Toledo Nonpriority Creditor's Name                      | Last 4 digits of account number   | \$640.0  |
| PO Box 351297<br>Toledo, OH 43635  | When was the debt incurred?   |          |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  |   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ■ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
| At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                   | ☐ Student loans   |          |
| debt<br>Is the claim subject to offset?                                    | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes  | Other. Specify  |          |
| Fingerhut/Webbank  | Last 4 digits of account number   | \$120.0  |
| Nonpriority Creditor's Name<br>6250 Ridgewood Rd.                          | When was the debt incurred? 2018  | <b>,</b> |
| Saint Cloud, MN 56303  |   |          |
| Number Street City State Zip Code  Who incurred the debt? Check one.       | As of the date you file, the claim is: Check all that apply   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  |   |          |
| _  | ■ Unliquidated  |          |
| Debtor 1 and Debtor 2 only   | Disputed  |          |
| At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |          |
| ☐ Check if this claim is for a community<br>debt                           |   |          |
| ls the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |
| □ Yes  | 1 1 21 77 77 77 77 77 77 77   |          |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 2 Danielle E. Laraby  | Case number (if known)   |            |
|---|--|------------|
| First Premier Bank  | Last 4 digits of account number  | \$551.00   |
| Nonpriority Creditor's Name 601 S. Minnesota Ave. Sioux Falls, SD 57104       | When was the debt incurred? 2016   |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply  |            |
| ☐ Debtor 1 only   | ☐ Contingent   |            |
| ☐ Debtor 2 only   | Unliquidated   |            |
| ■ Debtor 1 and Debtor 2 only  | □ Disputed   |            |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community                                      | ☐ Student loans  |            |
| debt<br>Is the claim subject to offset?                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
| Yes   | Other. Specify   |            |
| Jeep Country Federal CU   | Last 4 digits of account number  | \$1,205.00 |
| Nonpriority Creditor's Name<br>7030 Spring Meadows Drive<br>Holland, OH 43528 | When was the debt incurred? 2019   |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply  |            |
| Debtor 1 only   | ☐ Contingent   |            |
| ☐ Debtor 2 only   | Unliquidated   |            |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community                                      | ☐ Student loans  |            |
| debt<br>Is the claim subject to offset?                                       | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |            |
| Yes   | ■ Other. Specify repossession deficiency   |            |
| Jefferson Capital Systems Nonpriority Creditor's Name                         | Last 4 digits of account number  | \$1,356.00 |
| 16 McLeland Road<br>Saint Cloud, MN 56303                                     | When was the debt incurred? 2018   |            |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply  |            |
| Who incurred the debt? Check one.   |  |            |
| Debtor 1 only   | ☐ Contingent   |            |
| Debtor 2 only   | Unliquidated   |            |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
| $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:   |            |
| Check if this claim is for a community debt                                   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                          |            |
| Is the claim subject to offset?   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts                           |            |
| ■ No  |  |            |
| Yes   | ■ Other. Specify collections   |            |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Keis George LLP  | Last 4 digits of account number 0880  | \$2,578. |
|--|---|----------|
| Nonpriority Creditor's Name<br>55 Public Square, Suite 800<br>Cleveland, OH 44113          | When was the debt incurred?   |          |
| Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply   |          |
| ☐ Debtor 1 only  | ☐ Contingent  |          |
| ☐ Debtor 2 only  | Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |          |
| Is the claim subject to offset?  | report as priority claims   |          |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Civil Suit Judgment Block Subrogation Claim   |          |
| LVNV Funding LLC   | Last 4 digits of account number   | \$156    |
| Nonpriority Creditor's Name Resurgent Capital Services P.O. Box 1269                       | When was the debt incurred? 2016  |          |
| Greenville, SC 29603   |   |          |
| Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | _   |          |
| _  | ■ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |          |
| At least one of the debtors and another  | Student loans   |          |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Other. Specify  |          |
| Mercy Health   | Last 4 digits of account number   | \$168.   |
| Nonpriority Creditor's Name P.O. Box 740405  | When was the debt incurred?   |          |
| Cincinnati, OH 45274  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
| ☐ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ■ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community   | ☐ Student loans   |          |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes  | Other. Specify  |          |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Danielle E. Laraby   |   |            |
|--|---|------------|
| MRS BPO LLC  | Last 4 digits of account number   | \$604.00   |
| Nonpriority Creditor's Name<br>1930 Olney Rd.<br>Beach Haven, NJ 08008                 | When was the debt incurred? 2017  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ■ Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |            |
| debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                                      |            |
| ☐ Yes  | Other. Specify  |            |
| National Cash Advance  | Last 4 digits of account number 9017  | \$1,282.00 |
| Nonpriority Creditor's Name<br>10249 Yellow Circle Dr., Suite 200<br>Hopkins, MN 55343 | When was the debt incurred? 2018  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ■ Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |            |
| debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |            |
| Yes  | Other. Specify <b>loan</b>  |            |
| National Credit Adjustments  | Last 4 digits of account number   | \$1,354.00 |
| Nonpriority Creditor's Name<br>327 W. 4th Street                                       | When was the debt incurred? 2014  |            |
| Hutchinson, KS 67501  Number Street City State Zip Code                                | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                                     | ☐ Contingent  |            |
| Debtor 1 only  Debtor 2 only   |   |            |
| _  | ■ Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
| At least one of the debtors and another  | ☐ Student loans   |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
| □ Yes  | Other. Specify  |            |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Northcoast Financial   | Last 4 digits of account number   | \$5,550.0                               |
|--|---|---|
| Nonpriority Creditor's Name<br>5373 Monroe St.<br>Toledo, OH 43623   | When was the debt incurred?   |   |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |
| Debtor 1 only  | ☐ Contingent  |   |
| Debtor 2 only  | Unliquidated  |   |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed  |   |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |
| ☐ Yes  | Other. Specify repossession deficiency  |   |
| Ohio Bureau of Motor Vehicles  | Last 4 digits of account number   | \$1,195.0                               |
| Nonpriority Creditor's Name Attn: RE FEES P.O. Box 16520             | When was the debt incurred? 2018  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Columbus, OH 43216-6520  |   |   |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.                                    | _   |   |
| Debtor 1 only  | ☐ Contingent  |   |
| Debtor 2 only  | Unliquidated  |   |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |   |
| Yes  | ■ Other. Specify Reinstatement Fees for Judgment Block  |   |
| Online Collections   | Last 4 digits of account number   | \$590.0                                 |
| Nonpriority Creditor's Name PO Box 1489 Winterville, NC 28590        | When was the debt incurred? 2018  |   |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |
| Debtor 1 only  | ☐ Contingent  |   |
| Debtor 2 only  | _ Unliquidated  |   |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |
| ☐ Yes  | Other. Specify  |   |

Schedule E/F: Creditors Who Have Unsecured Claims

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| or 1 Dakota J Laraby Danielle E. Laraby  | Case number (if known)  |            |
|--|---|------------|
| Promedica  | Last 4 digits of account number   | \$690.00   |
| Nonpriority Creditor's Name PO Box 630721                                      | When was the debt incurred?   | ******     |
| Cincinnati, OH 45201  Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  Debtor 1 only                               | ☐ Contingent  |            |
| Debtor 2 only  | ■ Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
| debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
| Yes  | Other. Specify  |            |
| Rise   | Last 4 digits of account number   | \$1,000.00 |
| Nonpriority Creditor's Name Po Box 101808 Fort Worth, TX 76185                 | When was the debt incurred?   |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ■ Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
| debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
| ☐ Yes  | Other. Specify  |            |
| St. Luke's Hospital  | Last 4 digits of account number   | \$4,089.00 |
| Nonpriority Creditor's Name Po Box 630868                                      | When was the debt incurred?   | , ,        |
| Cincinnati, OH 45263  Number Street City State Zip Code                        | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  |   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | Disputed  |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts   |            |
| — INO  | = 2555 to position of profit offaring plants, and other diffinal debte  |            |

Schedule E/F: Creditors Who Have Unsecured Claims

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| or 2 Danielle E. Laraby  | Case number (if known)   |            |  |  |  |  |  |
|--|--|------------|--|--|--|--|--|
| Toledo Edison  | Last 4 digits of account number  | \$2,650.00 |  |  |  |  |  |
| Nonpriority Creditor's Name PO Box 3638 Akron, OH 44309              | When was the debt incurred? 2018-19  |            |  |  |  |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |  |
| Debtor 2 only  | ■ Unliquidated   |            |  |  |  |  |  |
| ■ Debtor 1 and Debtor 2 only   | ·  |            |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |            |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |  |  |  |  |  |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |  |
| Yes  | Other. Specify utilities   |            |  |  |  |  |  |
| Toledo Hospital  | Last 4 digits of account number  | \$4,300.0  |  |  |  |  |  |
| Nonpriority Creditor's Name Po Box 630346 Cincinnati, OH 45263       | When was the debt incurred? 2017   |            |  |  |  |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |  |
| Debtor 2 only  | Unliquidated   |            |  |  |  |  |  |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed   |            |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |            |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |  |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |  |
| Yes  | ■ Other. Specify <b>medical</b>  |            |  |  |  |  |  |
| U.S. Department of Education   | Last 4 digits of account number  | \$7,000.0  |  |  |  |  |  |
| Nonpriority Creditor's Name P.O. Box 5227 Greenville, TX 75403       | When was the debt incurred? 2009-15  |            |  |  |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |  |  |  |  |  |
| Debtor 1 only  | ☐ Contingent   |            |  |  |  |  |  |
| ■ Debtor 2 only  | ■ Unliquidated   |            |  |  |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |  |  |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |  |  |  |  |  |
| ☐ Check if this claim is for a community                             | ■ Student loans  |            |  |  |  |  |  |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |            |  |  |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |  |  |
| ☐ Yes  | Other. Specify   |            |  |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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|   | Dakota J Laraby<br>Danielle E. Laraby   |   | Case number (if known)  |                           |  |  |  |  |
|---|---|---|---|---------------------------|--|--|--|--|
| 4.3<br>1 U.S                                | U.S. Department of Education Last 4 digits of account number  |   | er  | \$8,483.00                |  |  |  |  |
| Non<br>P.C                                  | priority Creditor's Name<br>D. Box 105081<br>anta, GA 30348   | When was the debt incurred?   | 2010-15   |                           |  |  |  |  |
| Num   | o incurred the debt? Check one.   | As of the date you file, the clair  | m is: Check all that apply  |                           |  |  |  |  |
|   | Debtor 1 only   | ☐ Contingent  |   |                           |  |  |  |  |
| _   | Debtor 2 only   | ■ Unliquidated  |   |                           |  |  |  |  |
| _   | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                           |  |  |  |  |
| _   | At least one of the debtors and another   | Type of NONPRIORITY unsecu  |   |                           |  |  |  |  |
|   | Check if this claim is for a community  |   |   |                           |  |  |  |  |
| debt  | •   | ☐ Obligations arising out of a sereport as priority claims  | Obligations arising out of a separation agreement or divorce that you did not   |                           |  |  |  |  |
|   |   | Debts to pension or profit-sha  | ring plans, and other similar debts   |                           |  |  |  |  |
|   |   | Other. Specify  |   |                           |  |  |  |  |
|   |   | school lo   | ans   | -                         |  |  |  |  |
|   |   |   |   |                           |  |  |  |  |
| 4   | rizon Wireless<br>priority Creditor's Name  | Last 4 digits of account number   | er  | \$3,650.00                |  |  |  |  |
| P.C<br>Dal                                  | D. Box 650051<br>llas, TX 75265   | When was the debt incurred?   | 2018  |                           |  |  |  |  |
|   | nber Street City State Zip Code   | As of the date you file, the clair  | m is: Check all that apply  |                           |  |  |  |  |
| Who incurred the debt? Check one.           |   | Пол   |   |                           |  |  |  |  |
|   | Debtor 1 only   | ☐ Contingent  |   |                           |  |  |  |  |
| _   | Debtor 2 only   | Unliquidated  |   |                           |  |  |  |  |
| _   | ■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Chack if this plain is far a community.  □ Student loans                     |   |   |                           |  |  |  |  |
| _   |   |   |   |                           |  |  |  |  |
| debt  | ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |   |                           |  |  |  |  |
| ■ N   | •   | <u>-</u> ' ' '  | ring plans, and other similar debts   |                           |  |  |  |  |
|   |   | Other. Specify  |   |                           |  |  |  |  |
|   |   | · · · <del></del>   |   | <del>.</del>              |  |  |  |  |
| 5. Use this pa<br>is trying to<br>have more | collect from you for a debt you owe to s  | about your bankruptcy, for a debt tha<br>comeone else, list the original creditor<br>at you listed in Parts 1 or 2, list the ac | t you already listed in Parts 1 or 2. For examp<br>in Parts 1 or 2, then list the collection agenc<br>Iditional creditors here. If you do not have ad | y here. Similarly, if you |  |  |  |  |
| Name and Ad                                 | ldress<br>Stephen D. Miles  | On which entry in Part 1 or Part 2 did y Line <b>4.9</b> of ( <i>Check one</i> ):   | _   |                           |  |  |  |  |
| _   | nument Avenue   | Line 4.3 of (Check one).  | ☐ Part 1: Creditors with Priority Unsecured Clai ☐ Part 2: Creditors with Nonpriority Unsecured   |                           |  |  |  |  |
| Dayton, O                                   | H 45402   | Last 4 digits of account number   | 2900  | Ciaims                    |  |  |  |  |
|   |   | 0 111 1 5 5 1 5 1 5 1 6 1 1   |   |                           |  |  |  |  |
| Name and Ad<br>Megan Kir                    |   | On which entry in Part 1 or Part 2 did y Line <b>2.1</b> of ( <i>Check one</i> ):   | _   |                           |  |  |  |  |
| c/o Lucas County CSEA                       |   |   | ■ Part 1: Creditors with Priority Unsecured Clai □ Part 2: Creditors with Nonpriority Unsecured   |                           |  |  |  |  |
| 701 Adam                                    |   |   | = 1 att 2. Groandre war Homphorny emoceared   | Ciamo                     |  |  |  |  |
| Toledo, O                                   | н 43604   | Last 4 digits of account number   |   |                           |  |  |  |  |
|   |   |   |   |                           |  |  |  |  |
| Part 4: A                                   | add the Amounts for Each Type of U  | Insecured Claim   |   |                           |  |  |  |  |
|   | mounts of certain types of unsecured classecured claim.   | aims. This information is for statistica  | I reporting purposes only. 28 U.S.C. §159. Ad   | d the amounts for each    |  |  |  |  |
|   | 6a. Domestic support obligation   | าร  | Total Claim 6a. \$ 3.609.00   |                           |  |  |  |  |
| Total<br>claims                             | ou. Domesiio support obligation   |   | 6a. \$ <b>3,609.00</b>  | -                         |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

|             | akota J<br>anielle E | Laraby<br>E. Laraby   | Case nu | umber (if knov | wn)         |
|-------------|----------------------|---|---------|----------------|-------------|
| rom Part 1  | 6b.                  | Taxes and certain other debts you owe the government  | 6b.     | \$             | 0.00        |
|             | 6c.                  | Claims for death or personal injury while you were intoxicated  | 6c.     | \$             | 0.00        |
|             | 6d.                  | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.     | \$             | 0.00        |
|             | 6e.                  | Total Priority. Add lines 6a through 6d.  | 6e.     | \$             | 3,609.00    |
|             |                      |   |         |                | Total Claim |
|             | 6f.                  | Student loans   | 6f.     | \$             | 15,483.00   |
| s<br>Part 2 | 6g.                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$             | 0.00        |
|             | 6h.                  | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$             | 0.00        |
|             | 6i.                  | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.     | \$             | 50,079.67   |
|             | 6j.                  | Total Nonpriority. Add lines 6f through 6i.   | 6j.     | \$             | 65,562.67   |

| Fill in this infor  | mation to identify your  | case:             |           |                       |
|---------------------|--------------------------|-------------------|-----------|-----------------------|
| Debtor 1            | Dakota J Laraby          |                   |           |                       |
|                     | First Name               | Middle Name       | Last Name |                       |
| Debtor 2            | Danielle E. Larab        | у                 |           |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO   |                       |
| Case number _       |                          |                   |           | ☐ Check if this is an |
|                     |                          |                   |           | amended filing        |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with<br>Name, Number | whom you have th<br>r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.2 |           |                              |  |                     | <u></u>                                 |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | <u> </u>                                |
|     | City      |                              | State  | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |                              | Clato  | 211 0000            |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | <u> </u>                                |
|     | City      |                              | State  | ZIP Code            | <del>_</del>                            |
| 2.4 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            |   |
| 2.5 | - 11      |                              | 0.0.0  |                     |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            | <u> </u>                                |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this              | information to identify your                              | r case:  |                           |   |                                    |
|---------------------------|---|--|---------------------------|---|------------------------------------|
| Debtor 1                  | Dakota J Laraby   |  |                           |   |                                    |
|                           | First Name  | Middle Name  | Last Name                 |   |                                    |
| Debtor 2                  | Danielle E. Laral   |  | Lost Name                 |   |                                    |
| (Spouse if, filir         |   | Middle Name  | Last Name                 |   |                                    |
| United Sta                | tes Bankruptcy Court for the:                             | NORTHERN DISTRICT  | OF OHIO                   |   |                                    |
| Case numb                 | ber   |  |                           |   |                                    |
| (if known)                |   |  |                           | ☐ Check if thi  |                                    |
|                           |   |  |                           | amended f   | lling                              |
| Official                  | l Form 106H   |  |                           |   |                                    |
|                           | lule H: Your Cod  | lebtors  |                           |   | 12/15                              |
|                           |   |  |                           |   | 12710                              |
| ill it out, a             | nd number the entries in the<br>and case number (if known | e boxes on the left. Attach<br>i). Answer every question | n the Additional Page t   | ion. If more space is needed, copy the Addi<br>o this page. On the top of any Additional Pa   |                                    |
| 1. Do <u>y</u>            | you have any codebtors? (If                               | you are filing a joint case,                             | do not list either spouse | as a codebtor.  |                                    |
| ■ No                      |   |  |                           |   |                                    |
| ☐ Yes                     | <b>3</b>  |  |                           |   |                                    |
| Arizon                    | a, California, Idaho, Louisiana<br>Go to line 3.          | a, Nevada, New Mexico, Pu                                | erto Rico, Texas, Wash    | y? (Community property states and territories ngton, and Wisconsin.)  | include                            |
| ⊔ Yes                     | s. Did your spouse, former spo                            | buse, or legal equivalent live                           | e with you at the time?   |   |                                    |
| in line<br>Form<br>out Co | 2 again as a codebtor only                                | if that person is a guaran<br>al Form 106E/F), or Sched  | tor or cosigner. Make     | if your spouse is filing with you. List the posure you have listed the creditor on Schedu 6G). Use Schedule D, Schedule E/F, or Sch | ule D (Official<br>edule G to fill |
|                           |   |  |                           | _   |                                    |
| 3.1                       | Name  |  |                           | Schedule D, line  |                                    |
|                           | Name  |  |                           | ☐ Schedule E/F, line  |                                    |
| _                         | 20.   |  |                           |   |                                    |
|                           | Number Street<br>City                                     | State  | ZIP Code                  |   |                                    |
|                           |   |  |                           |   |                                    |
| 3.2                       |   |  |                           | ☐ Schedule D, line  |                                    |
|                           | Name  |  |                           | ☐ Schedule B/F, line  |                                    |
|                           |   |  |                           | ☐ Schedule C/F, line  |                                    |
| -                         | Number Street   |  |                           | , · · · ———   |                                    |
|                           | City  | State  | ZIP Code                  |   |                                    |
|                           |   |  |                           |   |                                    |

| Fill               | in this information to  | identify your ca                  | ise:   |  |                       |                |  |                       |                                  |                 |  |
|--------------------|---|-----------------------------------|--|--|-----------------------|----------------|--|-----------------------|----------------------------------|-----------------|--|
| De                 | btor 1  | Dakota J Lar                      | aby  |  |                       |                |  |                       |                                  |                 |  |
|                    | btor 2<br>ouse, if filing)                                    | Danielle E. L                     | araby  |  |                       | _              |  |                       |                                  |                 |  |
| Uni                | ited States Bankrupto   | cy Court for the:                 | NORTHERN DISTRIC   | CT OF OHIO                                 |                       | _              |  |                       |                                  |                 |  |
| _                  | se number<br>nown)  |                                   |  |  |                       |                | Check if this is:  An amende  A suppleme | nt show               | ing postpetition following date: | chapter         |  |
| 0                  | fficial Form  | 1061                              |  |  |                       |                | MM / DD/ Y                               |                       | iollowing date.                  |                 |  |
|                    | chedule I: Y  |                                   | ome  |  |                       |                | MINI / DD/ Y                             | YYY                   |                                  | 12/15           |  |
| sup<br>spo<br>atta | plying correct informuse. If you are sepanch a separate sheet | mation. If you a<br>rated and you | ible. If two married peo<br>are married and not filii<br>r spouse is not filing wi<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spòuse i<br>de infori | s liv<br>natio | ing with you, incluon about your spo     | ıde info<br>use. If r | rmation about<br>nore space is   | your<br>needed, |  |
| 1.                 | Fill in your employ   | yment                             |  | Debtor 1                                   |                       |                | Debtor 2                                 | or non-               | -filing spouse                   |                 |  |
|                    | If you have more the attach a separate p                      | •                                 | Employment status  | ☐ Employed                                 |                       |                | •  | ■ Employed            |                                  |                 |  |
|                    | information about a employers.                                |                                   | Occupation   | ■ Not employed                             |                       |                | ☐ Not er                                 |                       | e Worker                         |                 |  |
|                    | Include part-time, s<br>self-employed work                    |                                   | Employer's name  |  |                       |                | Jeep                                     | лу <b>Е</b> пік       | 2 WOING                          |                 |  |
|                    | Occupation may incor homemaker, if it                         |                                   | Employer's address   |  |                       |                | One Ch<br>Toledo,                        |                       |                                  |                 |  |
|                    |   |                                   | How long employed to   | here?                                      |                       |                | 3  | years                 |                                  |                 |  |
| Pai                | rt 2: Give Deta   | ils About Mon                     | thly Income  |  |                       |                |  |                       |                                  |                 |  |
| spoi               | use unless you are se   | eparated.<br>pouse have mo        | re than one employer, co   | , c  |                       |                |  |                       | ·                                | J               |  |
|                    | ' '   |                                   |  |  |                       |                | For Debtor 1                             |                       | ebtor 2 or<br>iling spouse       |                 |  |
| 2.                 |   |                                   | y, and commissions (be alculate what the month)  |  | 2.                    | \$             | 0.00                                     | \$                    | 3,939.00                         |                 |  |
| 3.                 | Estimate and list   | monthly overti                    | me pay.  |  | 3.                    | +\$            | 0.00                                     | +\$_                  | 0.00                             |                 |  |
| 4.                 | Calculate gross In  | ncome. Add lin                    | e 2 + line 3.  |  | 4.                    | \$             | 0.00                                     | \$                    | 3,939.00                         |                 |  |

Case number (if known)

|     |         |   |   |                    |             | For D           | Debtor 1   |          |           | Debtor    |         |          |
|-----|---------|---|---|--------------------|-------------|-----------------|------------|----------|-----------|-----------|---------|----------|
|     | Com     | · line 4 hore                                       |   |                    | 4           | Φ.              | •          | 20       | non<br>\$ | -filing s |         |          |
|     | Copy    | / line 4 here                                       |   |                    | 4.          | \$              | 0.0        | JU       | Φ_        | 3,        | 939.00  | -        |
| 5.  | List    | all payroll deductions:                             |   |                    |             |                 |            |          |           |           |         |          |
|     | 5a.     | Tax. Medicare, and Soc                              | cial Security deductions                | !                  | 5a.         | \$              | 0.0        | າດ       | \$        |           | 541.67  |          |
|     | 5b.     | Mandatory contribution                              | -                                       |                    | 5b.         | \$              | 0.0        |          | \$_       |           | 0.00    | _        |
|     | 5c.     | Voluntary contribution                              | •                                       |                    | 5c.         | \$              | 0.0        |          | \$_       |           | 0.00    | _        |
|     | 5d.     | -   | of retirement fund loans                |                    | 5d.         | \$              |            | 00       | \$        |           | 0.00    | _        |
|     | 5e.     | Insurance   |   | Ę                  | 5e.         | \$              | 0.0        |          | \$        |           | 0.00    | _        |
|     | 5f.     | Domestic support oblig                              | gations                                 |                    | 5f.         | \$              |            | 00       | \$        |           | 0.00    | _        |
|     | 5g.     | Union dues  | <b>9</b>                                |                    | 5g.         | \$              | 0.0        |          | \$        |           | 211.25  | _        |
|     | 5h.     | Other deductions. Spec                              | cify:                                   |                    | 5h.+        | \$              |            | 00 -     |           |           | 0.00    | _        |
| 6.  | Add     | the payroll deductions.                             | Add lines 5a+5b+5c+5d+5e+5f+5g+5l       | n. (               | <b>3</b> .  | \$              | 0.0        |          | \$        |           | 752.92  | _        |
| 7.  | Calc    | ulate total monthly take-                           | home pay. Subtract line 6 from line 4   | . <del>.</del>     | 7.          | \$              | 0.0        | 00       | \$        | 3,        | 186.08  | -        |
| 8.  | l ist : | all other income regularl                           | v received:                             |                    |             |                 |            |          | _         |           |         | _        |
| 0.  | 8a.     |   | l property and from operating a bus     | iness.             |             |                 |            |          |           |           |         |          |
|     |         | profession, or farm                                 |   | •                  |             |                 |            |          |           |           |         |          |
|     |         |   | ach property and business showing gr    |                    |             |                 |            |          |           |           |         |          |
|     |         |   | ecessary business expenses, and the     |                    | <b>.</b>    | Φ.              | _          |          | Φ.        |           |         |          |
|     | OL      | monthly net income.                                 |   |                    | 3a.         | \$              | 0.0        |          | \$_       |           | 0.00    | _        |
|     | 8b.     | Interest and dividends                              | ata that was a way filling an assault   |                    | 3b.         | \$              | 0.0        | <u> </u> | \$        |           | 0.00    | _        |
|     | 8c.     | regularly receive                                   | nts that you, a non-filing spouse, or   | a dependent        |             |                 |            |          |           |           |         |          |
|     |         | •   | I support, child support, maintenance,  | divorce            |             |                 |            |          |           |           |         |          |
|     |         | settlement, and property                            |   |                    | 3c.         | \$              | 0.0        | 00       | \$        |           | 0.00    |          |
|     | 8d.     | Unemployment compe                                  | nsation                                 | 8                  | 3d.         | \$              |            | 00       | \$        |           | 0.00    | _        |
|     | 8e.     | Social Security                                     |   | 8                  | Зe.         | \$              | 0.0        | 00       | \$        |           | 0.00    | _        |
|     | 8f.     |   | istance that you regularly receive      |                    |             |                 |            |          |           |           |         | =        |
|     |         |   | and the value (if known) of any non-ca  |                    |             |                 |            |          |           |           |         |          |
|     |         |   | s food stamps (benefits under the Sup   | plemental          |             |                 |            |          |           |           |         |          |
|     |         | Specify:  | gram) or housing subsidies.             | s                  | Bf.         | \$              | 0.0        | 20       | \$        |           | 0.00    |          |
|     | 8g.     | Pension or retirement                               | income                                  |                    | 31.<br>3g.  | \$—             | 0.0        |          | \$_       |           | 0.00    | _        |
|     | 8h.     | Other monthly income.                               |   |                    | 39.<br>3h.+ | ·               |            | 00 -     |           |           | 0.00    | _        |
|     | 011.    | out of monthly moonie                               |   |                    | J           |                 | 0.0        |          |           |           | 0.00    | -        |
| 9.  | Add     | all other income. Add lir                           | nes 8a+8b+8c+8d+8e+8f+8g+8h.            | g                  | 9.          | \$              | 0.0        | 00       | \$        |           | 0.0     | 0        |
|     |         |   | 3                                       |                    | L           |                 |            |          |           |           |         |          |
| 10  | Colo    | ulata manthly incoma /                              | Add line 7 , line 0                     | 10.                | æ           |                 | 0.00       | \$       | 2 1       | 106.00    | = \$    | 2 406 00 |
| 10. |         | ulate monthly income. A                             |   |                    | \$_         |                 | 0.00       | Φ_       | ا, د<br>- | 186.08    | = 5 _   | 3,186.08 |
|     | Add I   | the enthes in line to lot Di                        | ebtor 1 and Debtor 2 or non-filing spou | ise.               |             |                 |            |          |           |           |         |          |
| 11. |         |   | outions to the expenses that you lis    |                    |             |                 |            |          |           |           |         |          |
|     |         | de contributions from an u<br>friends or relatives. | inmarried partner, members of your ho   | ousehold, your de  | pend        | ients, y        | our roomm  | ates     | , and     |           |         |          |
|     |         |   | ready included in lines 2-10 or amount  | s that are not ava | ailabl      | e to pa         | v expenses | s liste  | ed in S   | Schedule  | $J_{-}$ |          |
|     | Spec    | ·   |   |                    |             | - 10            | ,          |          |           | 11.       |         | 0.00     |
|     |         |   |   |                    |             |                 |            |          |           | Г         |         |          |
| 12. |         |   | olumn of line 10 to the amount in lin   |                    |             |                 |            |          |           |           |         |          |
|     |         |   | mary of Schedules and Statistical Sum   | mary of Certain L  | .iabili     | <i>ities</i> an | nd Related | Data,    | if it     | 12.       | Ф       | 3,186.08 |
|     | appli   | es  |   |                    |             |                 |            |          |           | 12.       | Ψ       | 3,100.00 |
|     |         |   |   |                    |             |                 |            |          |           |           | Combi   | ned      |
| 4.5 | _       |   |   |                    |             |                 |            |          |           |           | monthl  | y income |
| 13. | Do A    | •   | r decrease within the year after you    | tile this form?    |             |                 |            |          |           |           |         |          |
|     |         | No.   |   |                    |             |                 |            |          |           |           |         |          |
|     |         | Yes. Explain:                                       |   |                    |             |                 |            |          |           |           |         |          |

| -HII       | in this informa             | tion to identify yo  | our caso:                  |   |   | 1                        |  |  |
|------------|-----------------------------|--|----------------------------|---|---|--------------------------|--|--|
|            |                             |  |                            |   |   |                          |  |  |
| Deb        | otor 1                      | Dakota J Lar   | aby                        |   |   | Che<br>□                 | eck if this is:  An amended filing         |  |
|            | otor 2<br>ouse, if filing)  | Danielle E. L  | araby                      |   |   |                          | A supplement show                          | wing postpetition chapter the following date:          |
|            |                             |  |                            |   | _   |                          |  |  |
| Unit       | ed States Bankı             | uptcy Court for the  | : NORTH                    | IERN DISTRICT OF OHI                                    | 0   |                          | MM / DD / YYYY                             |  |
|            | e number<br>nown)           |  |                            |   |   |                          |  |  |
| O          | fficial Fo                  | rm 106J  |                            |   |   |                          |  |  |
| S          | chedule                     | J: Your l  | Exper                      | ises  |   |                          |  | 12/1   |
| Be<br>info | as complete ormation. If m  | and accurate as  | possible.<br>eded, atta    | If two married people a ch another sheet to this        |   |                          |  |  |
| Par        |                             | ibe Your House   | hold                       |   |   |                          |  |  |
| 1.         | Is this a joir  ☐ No. Go to |  |                            |   |   |                          |  |  |
|            |                             | s Debtor 2 live i  | in a separ                 | ate household?  |   |                          |  |  |
|            | ■ N<br>□ Y                  |  | st file Offici             | al Form 106J-2, <i>Expense</i>                          | es for Separate House                     | ehold of De              | btor 2.                                    |  |
| 2.         |                             | e dependents?  | □ No                       | •   | ,   |                          |  |  |
|            | Do not list D<br>Debtor 2.  | •  | Yes.                       | Fill out this information for each dependent            | Dependent's relati                        |                          | Dependent's age                            | Does dependent live with you?                          |
|            | Do not state dependents     |  |                            |   | Son                                       |                          | 2  | □ No<br>■ Yes  |
|            |                             |  |                            |   | Son                                       |                          | 4  | □ No<br>■ Yes  |
|            |                             |  |                            |   | Daughter                                  |                          | 8  | □ No<br>■ Yes  |
|            |                             |  |                            |   | Dauginoi                                  |                          |  | ■ res  |
| 3.         | Do your exr                 | penses include   | _                          |   |   |                          |  | ☐ Yes  |
| 0.         | expenses o                  | f people other the dependent   | han $_{oldsymbol{\sqcap}}$ | No<br>Yes   |   |                          |  |  |
| exp        | imate your ex               | ate Your Ongoing the Market State (1994) at the last of the last o | our bankrı                 | uptcy filing date unless                                | you are using this for plemental Schedule | orm as a s<br>J, check t | upplement in a Cha<br>the box at the top o | apter 13 case to report<br>of the form and fill in the |
| the        |                             | h assistance an  |                            | government assistance<br>luded it on <i>Schedule I:</i> |   |                          | Your exp                                   | enses  |
| (0.        |                             | ,,   |                            |   |   |                          |  |  |
| 4.         |                             | or home owners and any rent for the  |                            | ses for your residence.<br>r lot.                       | Include first mortgage                    | e<br>4.                  | \$   | 750.00   |
|            | If not includ               | led in line 4:   |                            |   |   |                          |  |  |
|            | 4a. Real e                  | estate taxes   |                            |   |   | 4a.                      | \$   | 0.00   |
|            | 4b. Prope                   | rty, homeowner's   |                            |   |   | 4b.                      | ·  | 0.00   |
|            |                             | maintenance, re<br>owner's associat  |                            | ipkeep expenses   |   | 4c.                      | ·  | 50.00  |
| 5.         |                             |  |                            | oominium dues<br>our residence, such as h               | ome equity loans                          | 4d.<br>5.                | ·  | 0.00<br>0.00   |

| ebtor 1<br>ebtor 2 | Dakota J Laraby  | Coos :-:: | hor (if known) |                                       |
|--------------------|--|-----------|----------------|---------------------------------------|
| ะมเบโ 2            | Danielle E. Laraby   | Case num  | ber (if known) |                                       |
| Utiliti            | ies:   |           |                |                                       |
| 6a.                | Electricity, heat, natural gas   | 6a.       | \$             | 500.00                                |
| 6b.                | Water, sewer, garbage collection   | 6b.       | \$             | 125.00                                |
| 6c.                | Telephone, cell phone, Internet, satellite, and cable services   | 6c.       | \$             | 400.00                                |
| 6d.                | Other. Specify:  | 6d.       | \$             | 0.00                                  |
| Food               | and housekeeping supplies  | 7.        | \$             | 900.00                                |
| Child              | Icare and children's education costs   | 8.        | \$             | 50.00                                 |
| Cloth              | ning, laundry, and dry cleaning  | 9.        | \$             | 50.00                                 |
| Perso              | onal care products and services  | 10.       | \$             | 50.00                                 |
| Medi               | cal and dental expenses  | 11.       | \$             | 75.00                                 |
|                    | sportation. Include gas, maintenance, bus or train fare.   | 40        | Φ.             | 475.00                                |
|                    | ot include car payments.   | 12.       | ·              | 175.00                                |
|                    | rtainment, clubs, recreation, newspapers, magazines, and books   | 13.       | \$             | 0.00                                  |
|                    | itable contributions and religious donations   | 14.       | \$             | 0.00                                  |
| Insur              |  |           |                |                                       |
|                    | ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance  | 15a.      | \$             | 0.00                                  |
|                    | Health insurance   | 15a.      | ·              | 0.00                                  |
|                    | Vehicle insurance  | 15b.      | \$             | 150.00                                |
|                    | Other insurance. Specify:  | 15d.      | · -            | 0.00                                  |
|                    | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 13u.      | Ψ              | 0.00                                  |
| Speci              |  | 16.       | \$             | 0.00                                  |
| •                  | Ilment or lease payments:  |           | <u> </u>       | 0.00                                  |
|                    | Car payments for Vehicle 1   | 17a.      | \$             | 441.00                                |
|                    | Car payments for Vehicle 2   | 17b.      | \$             | 0.00                                  |
| 17c.               | Other. Specify:  | 17c.      | \$             | 0.00                                  |
|                    | Other. Specify:  | 17d.      | \$             | 0.00                                  |
|                    | payments of alimony, maintenance, and support that you did not report as   |           | •              |                                       |
|                    | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.       | \$             | 0.00                                  |
| Othe               | r payments you make to support others who do not live with you.  |           | \$             | 0.00                                  |
| Speci              | ·  | 19.       |                |                                       |
|                    | r real property expenses not included in lines 4 or 5 of this form or on Sche  |           |                |                                       |
|                    | Mortgages on other property  | 20a.      | ·              | 0.00                                  |
|                    | Real estate taxes  | 20b.      | · -            | 0.00                                  |
|                    | Property, homeowner's, or renter's insurance   | 20c.      | ·              | 0.00                                  |
|                    | Maintenance, repair, and upkeep expenses   | 20d.      | ·              | 0.00                                  |
|                    | Homeowner's association or condominium dues  | 20e.      | ·              | 0.00                                  |
| Othe               | r: Specify:  | 21.       | +\$            | 0.00                                  |
| Calcu              | ulate your monthly expenses  |           |                |                                       |
|                    | Add lines 4 through 21.  |           | \$             | 3,716.00                              |
|                    | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |           | \$             | 0,7 10.00                             |
|                    | Add line 22a and 22b. The result is your monthly expenses.   |           | \$             | 2.746.00                              |
| 226.7              | Add line 22a and 22b. The result is your monthly expenses.   |           | Ψ              | 3,716.00                              |
| Calcu              | ulate your monthly net income.   |           |                |                                       |
| 23a.               | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.      | \$             | 3,186.08                              |
| 23b.               | Copy your monthly expenses from line 22c above.  | 23b.      | -\$            | 3,716.00                              |
|                    |  |           |                | · · · · · · · · · · · · · · · · · · · |
| 23c.               | Subtract your monthly expenses from your monthly income.   |           | ¢              | -529.92                               |
|                    | The result is your <i>monthly net income</i> .   | 23c.      | \$             | -329.92                               |
| Do w               | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you |           |                | or decrease because of a              |
| For ex             | cation to the terms of your mortgage?  |           |                |                                       |

| Fill in this in                | formation to identify your  | case:                    |               |                   |                         |  |
|--------------------------------|---|--------------------------|---------------|-------------------|-------------------------|--|
| Debtor 1                       | Dakota J Laraby   |                          |               |                   |                         |  |
|                                | First Name  | Middle Name              | Las           | t Name            |                         |  |
| Debtor 2                       | Danielle E. Larab   | у                        |               |                   |                         |  |
| (Spouse if, filing)            | First Name  | Middle Name              | Las           | t Name            |                         |  |
| United States                  | Bankruptcy Court for the:   | NORTHERN DISTRIC         | T OF OHIO     |                   |                         |  |
| Case number                    | r   |                          |               |                   |                         |  |
| (if known)                     |   |                          |               |                   |                         | ☐ Check if this is an amended filing                         |
| Official Fo                    | orm 106Dec  |                          |               |                   |                         |  |
| Declar                         | ation About a   | an Individua             | I Debte       | or's Sche         | edules                  | 12/15  |
| obtaining mo<br>years, or both | this form whenever you fi<br>oney or property by fraud in<br>h. 18 U.S.C. §§ 152, 1341, 1<br>Sign Below | n connection with a bar  |               |                   |                         |  |
| Did you                        | pay or agree to pay some  | one who is NOT an atto   | orney to help | you fill out bank | ruptcy forms?           |  |
| ■ No                           |   |                          |               |                   |                         |  |
| ☐ Ye                           | s. Name of person   |                          |               |                   |                         | Petition Preparer's Notice,<br>Signature (Official Form 119) |
|                                | enalty of perjury, I declare<br>vare true and correct.  | that I have read the sur | mmary and s   | chedules filed wi | th this declaration and |  |
| Х /е/ Г                        | Dakota J Laraby   |                          | ¥             | /s/ Danielle E.   | l arahv                 |  |
|                                | ota J Laraby  |                          |               | Danielle E. Lai   |                         |  |
|                                | ature of Debtor 1   |                          |               | Signature of Deb  | •                       |  |
| Date                           | January 13, 2020  |                          |               | Date January      | 13, 2020                |  |
|                                |   |                          |               |                   |                         |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fil               | l in this inforr           | mation to identify you   | r case:                                    |  |  |   |
|-------------------|----------------------------|--------------------------|--|--|--|---|
| De                | btor 1                     | Dakota J Laraby          | Ī  |  |  |   |
|                   |                            | First Name               | Middle Name                                | Last Name  |  |   |
|                   | btor 2<br>buse if, filing) | Danielle E. Lara         | Middle Name                                | Last Name  |  |   |
|                   |                            |                          |  |  |  |   |
| Un                | ited States Ba             | inkruptcy Court for the: | NORTHERN DISTRICT                          | OF OHIO  |  |   |
|                   | se number                  |                          |  |  |  | Check if this is an amended filing                    |
|                   | ficial Fo                  |                          | Affairs for Indiv                          | iduals Filing for E  | Bankruptcy                                 | 4/19  |
| info              | rmation. If m              |                          | , attach a separate sheet to               | e are filing together, both are<br>o this form. On the top of ar                                     |  |   |
| Pa                | rt 1: Give I               | Details About Your Ma    | arital Status and Where Yo                 | ou Lived Before  |  |   |
| 1.                | What is you                | r current marital state  | ıs?  |  |  |   |
|                   | <b>.</b>                   |                          |  |  |  |   |
|                   | ■ Married □ Not ma         |                          |  |  |  |   |
| •                 |                            |                          | Post described and the                     |  |  |   |
| 2.                | During the I               | ast 3 years, have you    | lived anywhere other than                  | n where you live now?  |  |   |
|                   | □ No                       |                          |  |  |  |   |
|                   | Yes. Lis                   | st all of the places you | lived in the last 3 years. Do              | not include where you live no  | W.   |   |
|                   | Debtor 1 Pr                | rior Address:            | Dates Debtor lived there                   | 1 Debtor 2 Prior A   | ddress:                                    | Dates Debtor 2<br>lived there                         |
|                   | 4435 Wall<br>Toledo, O     | ys Parkway<br>H 43612    | From-To:<br><b>2018-2019</b>               | ■ Same as Debtor   | 1  | Same as Debtor 1 From-To:                             |
|                   | 2837 Elsie<br>Toledo, O    |                          | From-To:<br><b>2017-2018</b>               | ■ Same as Debtor   | 1  | ■ Same as Debtor 1 From-To:                           |
| <b>3.</b><br>stat | es and territor            |                          |  | egal equivalent in a commu<br>levada, New Mexico, Puerto F   |  |   |
|                   | ■ No □ Yes. Ma             | ake sure vou fill out Sc | hedule H: Your Codebtors (                 | Official Form 106H)  |  |   |
|                   | 1 63. 1016                 | ake sure you iiii out oc | nedule 11. Toul Codebiols (                | Official Form Tool 1).   |  |   |
| Pa                | rt 2 Expla                 | in the Sources of You    | ır Income                                  |  |  |   |
| 4.                | Fill in the tota           | al amount of income yo   | ou received from all jobs and              | ing a business during this y<br>d all businesses, including par<br>ive together, list it only once u | t-time activities.                         | endar years?  |
|                   | □ No                       |                          |  |  |  |   |
|                   | Yes. Fil                   | Il in the details.       |  |  |  |   |
|                   |                            |                          | Debtor 1                                   |  | Debtor 2                                   |   |
|                   |                            |                          | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |

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Official Form 107

Best Case Bankruptcy

page 1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     |                          |                                     |  | Dalitan 4  |   | Dahtana                                  |   |  |  |
|-----|--------------------------|-------------------------------------|--|--|---|--|---|--|--|
|     |                          |                                     |  | Debtor 1   |   | Debtor 2                                 |   |  |  |
|     |                          |                                     |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     | Sources of incom<br>Check all that apply |   |  |  |
|     |                          | ☐ Wages, commissions, bonuses, tips | \$0.00                                       | ■ Wages, commis<br>bonuses, tips   | ssions, <b>\$2,293.00</b>   |  |   |  |  |
|     |                          |                                     |  | ☐ Operating a business   |   | ☐ Operating a bus                        | siness  |  |  |
|     | last calen<br>nuary 1 to | dar year:<br>December               | 31, 2019 )                                   | ☐ Wages, commissions, bonuses, tips  | \$0.00  | ■ Wages, commis<br>bonuses, tips         | \$60,703.00   |  |  |
|     |                          |                                     |  | ☐ Operating a business   |   | ☐ Operating a bus                        | siness  |  |  |
|     |                          | dar year be<br>December             |  | ■ Wages, commissions, bonuses, tips  | \$10,325.00   | ■ Wages, commis bonuses, tips            | \$58,285.00   |  |  |
|     |                          |                                     |  | Operating a business   |   | ☐ Operating a bus                        | siness  |  |  |
|     | ■ No<br>□ Yes.           | Fill in the de                      | etails.                                      |  |   |  |   |  |  |
|     |                          |                                     |  | Debtor 1   |   | Debtor 2                                 |   |  |  |
|     |                          |                                     |  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of incom Describe below.         | Gross income<br>(before deductions<br>and exclusions)       |  |  |
| Par | t 3: List                | Certain Pa                          | yments You                                   | Made Before You Filed for I  | Bankruptcy  |  |   |  |  |
| 6.  | Are either ☐ No.         | Neither De individual puring the    | ebtor 1 nor Dorimarily for a                 | personal, family, or househol<br>re you filed for bankruptcy, di   | umer debts. Consumer debt<br>Id purpose."                                 |  | S.C. § 101(8) as "incurred by an                            |  |  |
|     |                          | □ Yes                               | List below e<br>paid that cre<br>not include | each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you editor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do payments to an attorney for this bankruptcy case.  on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. |   |  |   |  |  |
|     | Yes.                     |                                     |  | r both have primarily consure you filed for bankruptcy, di   |   | l of \$600 or more?                      |   |  |  |
|     |                          | ■ No.                               | Go to line 7                                 |  |   |  |   |  |  |
|     |                          | ☐ Yes                               | include pay                                  | each creditor to whom you pai<br>ments for domestic support ol<br>this bankruptcy case.  |   |  | paid that creditor. Do not o, do not include payments to an |  |  |
|     |                          |                                     |  |  |   |  |   |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|      | otor 1 Dakota J Laraby   |  | Cod  | o number (#/                              |                                 |  |
|------|--|--|--|---|---------------------------------|--|
| Deb  | otor 2 <b>Danielle E. Laraby</b>   |  |  | se number (if known)                      |                                 |  |
|      | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. | artners; relatives of any gent control, or owner of 20% of | neral partners; partne<br>or more of their votin | erships of which yog<br>securities; and a | u are a genera<br>ny managing a | al partner; corporations<br>agent, including one for |
|      | ■ No   |  |  |   |                                 |  |
|      | ☐ Yes. List all payments to an insider.  |  |  |   |                                 |  |
|      | Insider's Name and Address   | Dates of payment   | Total amount paid                                | Amount you still owe                      | Reason for                      | this payment   |
|      | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost  |  | yments or transfer a                             | any property on a                         | ccount of a d                   | ebt that benefited an                                |
|      | ■ No   |  |  |   |                                 |  |
|      | ☐ Yes. List all payments to an insider   |  |  |   |                                 |  |
|      | Insider's Name and Address   | Dates of payment   | Total amount paid                                | Amount you still owe                      | Reason for Include cred         | this payment<br>litor's name                         |
| Part | t 4: Identify Legal Actions, Repossessio   | ns, and Foreclosures                                       |  |   |                                 |  |
|      | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.   |  |  |   |                                 |  |
|      | □ No   |  |  |   |                                 |  |
|      | Yes. Fill in the details.  |  |  |   |                                 |  |
|      | Case title   | Nature of the case   | Court or agency                                  |   | Status of th                    | ne case  |
|      | Case number  |  |  |   |                                 |  |
|      | Eagle Loan Company of Ohio v.<br>Danielle Laraby<br>CVF-19-02900   | Debt Collection  | Eagle Loan of<br>5414 Monroe S<br>Toledo, OH 43  | Street                                    | ☐ Pending ☐ On appe ☐ Conclud   | eal  |
|      | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.   |  | erty repossessed, t                              | oreclosed, garnis                         | shed, attached                  | d, seized, or levied?                                |
|      | Creditor Name and Address  | Describe the Property                                      |  | Date                                      |                                 | Value of the   |
|      |  | Explain what happene                                       | d  |   |                                 | property   |
|      | Eagle Loan of Ohio   | Wages  |  | 1-20-                                     | -2020                           | \$199.14   |
|      | 5414 Monroe St.<br>Toledo, OH 43623  | ☐ Property was reposs                                      | aaaad  |   |                                 |  |
|      | Toledo, On 43623   | ☐ Property was foreclo                                     |  |   |                                 |  |
|      |  | ■ Property was garnish                                     |  |   |                                 |  |
|      |  | ☐ Property was attached                                    |  |   |                                 |  |
|      | Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No Yes. Fill in the details.  | cause you owed a debt?                                     | ·  |   |                                 |  |
|      | Creditor Name and Address  | Describe the action the                                    | e creditor took                                  | Date<br>taken                             | action was                      | Amount   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     | otor 1 Dakota J Laraby Danielle E. Laraby  |          | Case nu   | ımber (if known)                        |                           |
|-----|--|----------|---|---|---------------------------|
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or   |          | as any of your property in the possession of er official?   | of an assignee for the ben              | efit of creditors, a      |
|     | ☐ Yes  |          |   |   |                           |
| Pai | t 5: List Certain Gifts and Contributions  | 5        |   |   |                           |
| 13. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift.  | ıptcy, ( | did you give any gifts with a total value of n  | nore than \$600 per person              | ?                         |
|     | Gifts with a total value of more than \$600 per person   | )        | Describe the gifts  | Dates you gave the gifts                | Value                     |
|     | Person to Whom You Gave the Gift and Address:  |          |   |   |                           |
| 14. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift or co                                       |          | did you give any gifts or contributions with  | a total value of more than              | \$600 to any charity?     |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) |          | Describe what you contributed   | Dates you contributed                   | Value                     |
| Pai | t 6: List Certain Losses   |          |   |   |                           |
| 15. | Within 1 year before you filed for bankrup or gambling?  No Yes. Fill in the details.  | otcy or  | since you filed for bankruptcy, did you los   | e anything because of the               | ft, fire, other disaster, |
|     | Describe the property you lost and how the loss occurred   | Include  | ibe any insurance coverage for the loss the the amount that insurance has paid. List pendence claims on line 33 of Schedule A/B: Propen |   | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfers  |          | ,   |   |                           |
|     | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr       | repari   | id you or anyone else acting on your behalf<br>ng a bankruptcy petition?<br>s, or credit counseling agencies for services re            |   | erty to anyone you        |
|     | □ No ■ Yes. Fill in the details.   |          |   |   |                           |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo  | ou       | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Law Office of Brian A. Hizer<br>6800 W. Central Avenue, D4<br>Toledo, OH 43617<br>brianahizer@bex.net                                  |          | Attorney Fees   | 12-27-2019                              | \$900.00                  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17.  | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li  No  | or to make payments  |                           |                 | or transfer any proper                                | ty to anyone who                              |
|--|--|--|---------------------------|-----------------|---|---|
|  | Yes. Fill in the details.  Person Who Was Paid   | Description and va   | alue of any prop          | orty            | Date payment  | Amount of                                     |
|  | Address  | transferred  | and or any prop           | city            | or transfer was made                                  | payment                                       |
| 18.  | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already line.  No Yes. Fill in the details. | iness or financial affaire as security (such as the            | irs?                      |                 |   |   |
|  | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and va<br>property transferre                      |                           |                 | any property or<br>received or debts<br>change        | Date transfer was made                        |
| 19.  | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-protein No Yes. Fill in the details.   |  | / property to a s         | elf-settled tru | ust or similar device o                               | of which you are a                            |
|  | Name of trust  | Description and va   | alue of the prope         | erty transferr  | ed  | Date Transfer was made                        |
| Par  | t 8: List of Certain Financial Accounts, Instr   | uments, Safe Deposit   | Boxes, and Stor           | rage Units      |   |   |
| 20.  | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa  No  Yes. Fill in the details.                                   | other financial accoun   | ts; certificates o        | of deposit; sh  |   |   |
|  | Name of Financial Institution and  | ast 4 digits of ccount number                                  | Type of accountinstrument | clo             | te account was<br>osed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed for  | bankruptcy, any           | safe deposi     | t box or other deposit                                | tory for securities,                          |
|  | ■ No □ Yes. Fill in the details.   |  |                           |                 |   |   |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acce<br>Address (Number, State and ZIP Code)      |                           | Describe the    | contents  | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or p  ■ No □ Yes. Fill in the details.  | place other than your  | home within 1 y           | ear before yo   | ou filed for bankruptc                                | y?  |
| Pers Add  18. Withit trans Including | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or he to it? Address (Number, State and ZIP Code) |                           | Describe the    | contents  | Do you still have it?                         |
|  |  |  |                           |                 |   |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Dakota J Laraby
Debtor 2 Danielle E. Laraby

Case number (if known)

| Par   | t 9:       | Identify Property You Hold or Control for  | Someone Else   |        |                                      |                       |
|---|------------|--|--|--------|--------------------------------------|-----------------------|
| 23.   |            | you hold or control any property that someosomeone.  | one else owns? Include any proper  | ty yo  | u borrowed from, are storing fo      | r, or hold in trust   |
|   |            | No   |  |        |                                      |                       |
|   |            | Yes. Fill in the details.  |  |        |                                      |                       |
|   |            | vner's Name<br>Idress (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Des    | cribe the property                   | Value                 |
| Par   | t 10       | Give Details About Environmental Information   | ation  |        |                                      |                       |
| For   | the        | purpose of Part 10, the following definitions  | apply:   |        |                                      |                       |
| _   | tox<br>reg | vironmental law means any federal, state, or ic substances, wastes, or material into the a ulations controlling the cleanup of these sul | ir, land, soil, surface water, ground<br>bstances, wastes, or material.    | dwate  | er, or other medium, including s     | atutes or             |
|   |            | e means any location, facility, or property as<br>own, operate, or utilize it, including disposal  |  | law, v | whether you now own, operate,        | or utilize it or used |
|   |            |  |  | was    | te, hazardous substance, toxic       | substance,            |
| Rep   | ort a      | all notices, releases, and proceedings that ye   | ou know about, regardless of wher  | n they | occurred.                            |                       |
| 24.   | Has        | s any governmental unit notified you that you  | u may be liable or potentially liable                                      | unde   | er or in violation of an environm    | ental law?            |
|   |            | No   |  |        |                                      |                       |
|   |            | Yes. Fill in the details.  |  |        |                                      |                       |
|   |            |  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |        | Environmental law, if you<br>know it | Date of notice        |
| 25.   | Hav        | ve you notified any governmental unit of any   | release of hazardous material?   |        |                                      |                       |
|   |            | No   |  |        |                                      |                       |
|   |            | Yes. Fill in the details.  |  |        |                                      |                       |
|   |            |  | Governmental unit Address (Number, Street, City, State and ZIP Code)       |        | Environmental law, if you<br>know it | Date of notice        |
| 26.   | Hav        | ve you been a party in any judicial or admini  | strative proceeding under any envi   | ronm   | nental law? Include settlements      | and orders.           |
|   |            | No   |  |        |                                      |                       |
|   |            | Yes. Fill in the details.  |  |        |                                      |                       |
|   |            |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Natu   | ure of the case                      | Status of the case    |
| Par   | t 11       | Give Details About Your Business or Con  | nections to Any Business   |        |                                      |                       |
| 27.   | Wit        | hin 4 years before you filed for bankruptcy  | did you own a business or have an  | v of t | the following connections to an      | v husiness?           |
|   |            |  | •  | -      |                                      | ,                     |
| ☐ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of  No ☐ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address ZIP Code)  26. Have you been a party in any judicial or administrative pro  No ☐ Yes. Fill in the details.  Case Title Case Number  Court of Name Address |            | _  |  |        | •                                    |                       |
| Nam Add  25. Have  Nam Add  26. Have  Case Case  Part 11:   |            |  | ,                                    | . (==  | ,                                    |                       |
|   |            |  | tive of a corporation  |        |                                      |                       |
|   |            | _  | ·  |        |                                      |                       |
|   |            |  | •  |        |                                      |                       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De                               | ebtor 1 Dakota J Laraby   |   |   |
|----------------------------------|---|---|---|
| De                               | ebtor 2 Danielle E. Laraby  | Cas   | se number (if known)  |
|                                  | <ul><li>No. None of the above applies. Go to I</li><li>Yes. Check all that apply above and fill</li></ul>                   | Part 12.<br>I in the details below for each business.                 |   |
|                                  | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed             |
| 28.                              | Within 2 years before you filed for bankrupt institutions, creditors, or other parties.  No Yes. Fill in the details below. | tcy, did you give a financial statement to an                         | nyone about your business? Include all financial  |
|                                  | Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Date Issued   |   |
| Pa                               | art 12: Sign Below  |   |   |
| are<br>with<br>18 U<br>/s/<br>Da |   | false statement, concealing property, or ol                           | declare under penalty of perjury that the answers btaining money or property by fraud in connection irs, or both. |
| Da                               | ate January 13, 2020  | Date January 13, 2020   |   |
| <b>1</b>                         | I you attach additional pages to <i>Your Stateme</i> No Yes   | ent of Financial Affairs for Individuals Filing                       | g for Bankruptcy (Official Form 107)?   |
| <b>1</b>                         |   |   |   |
| ⊔ \                              | Yes. Name of Person Attach the Bankru   | ptcy Petition Preparer's Notice, Declaration, a                       | and Signature (Official Form 119).  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this inform                 | nation to identify your ca   | ise:                                   |  |  |
|-------------------------------------|--|--|--|--|
| Debtor 1                            | Dakota J Laraby First Name   | Middle Name                            | Last Name  | _  |
| Debtor 2                            | Danielle E. Laraby   | Middle Name                            | Last Name  |  |
| (Spouse if, filing)                 | First Name   | Middle Name                            | Last Name  | -  |
| United States Ba                    | nkruptcy Court for the:  | NORTHERN DIS                           | TRICT OF OHIO  |  |
| 0                                   | =  |  |  | -  |
| Case number                         |  |  |  | ☐ Check if this is an amended filing                     |
|                                     | nt of Intention  |  | viduals Filing Under Cha   | pter 7 12/15   |
|                                     | vidual filing under chapt<br>e claims secured by your                                | -                                      | out this form in:  |  |
| you have leas                       | ed personal property and<br>s form with the court with<br>ver is earlier, unless the | d the lease has n<br>hin 30 days after | ot expired.<br>you file your bankruptcy petition or by the da<br>e time for cause. You must also send copies                                       |  |
|                                     | eople are filing together indicate the form.   | n a joint case, bo                     | th are equally responsible for supplying corr  | ect information. Both debtors must                       |
|                                     | and accurate as possible<br>our name and case numb                                   |  | s needed, attach a separate sheet to this form   | . On the top of any additional pages,                    |
| Part 1: List Yo                     | our Creditors Who Have   | Secured Claims                         |  |  |
| 1. For any credite                  | ors that you listed in Part  | 1 of Schedule D                        | : Creditors Who Have Claims Secured by Pro   | perty (Official Form 106D), fill in the                  |
| Information be                      | elow.  editor and the property tha   | t is collateral                        | What do you intend to do with the property secures a debt?   | that Did you claim the property as exempt on Schedule C? |
|                                     |  |  |  |  |
| Creditor's C                        | NAC  |  | ☐ Surrender the property.  | ■ No   |
| name:                               |  |  | ☐ Retain the property and redeem it.   | _ 110  |
| Description of                      | 2010 Ford Edge 150   | 000 miles                              | Retain the property and enter into a   | ☐ Yes  |
| property                            | _0.0.0.0.m _mgo .00  |  | Reaffirmation Agreement.  Retain the property and [explain]:   |  |
| securing debt:                      |  |  |  |  |
| For any unexpire in the information | n below. Do not list real of   | se that you listed estate leases. Un   | in Schedule G: Executory Contracts and Une<br>expired leases are leases that are still in effect<br>the trustee does not assume it. 11 U.S.C. § 36 | ct; the lease period has not yet ended.                  |
| Describe your u                     | nexpired personal prope  | rty leases                             |  | Will the lease be assumed?                               |
| Lessor's name:                      |  |  |  | □ No   |
| Description of lea                  | ased   |  |  |  |
| Property:                           |  |  |  | ☐ Yes  |
| Lessor's name:                      |  |  |  | □ No   |
| Description of lea<br>Property:     | ased   |  |  | ☐ Yes  |
| Lessor's name:                      |  |  |  |  |
| Official Form 108                   |  | Statement of In                        | ntention for Individuals Filing Under Chapter 7  | page 1   |
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20-30089-jpg Doc 1 FILED 01/14/20 ENTERED 01/14/20 09:45:11 Page 45 of 59

| Debtor 1<br>Debtor 2      | Dakota J Laraby<br>Danielle E. Laraby  |         | Case number (if known)   |
|---------------------------|--|---------|--|
| Description<br>Property:  | n of leased  |         | □ No   |
|                           |  |         | ☐ Yes  |
| Lessor's n<br>Description | ame:<br>n of leased  |         | □ No   |
| Property:                 |  |         | ☐ Yes  |
| Lessor's n                | ame:<br>n of leased  |         | □ No   |
| Property:                 |  |         | ☐ Yes  |
| Lessor's n                |  |         | □ No   |
| Property:                 | n of leased  |         | ☐ Yes  |
| Lessor's n                | ame:<br>n of leased  |         | □ No   |
| Property:                 | 1 01 100000  |         | ☐ Yes  |
| Part 3:                   | Sign Below   |         |  |
|                           | alty of perjury, I declare that I have indicated my intention a<br>nat is subject to an unexpired lease. | bout an | any property of my estate that secures a debt and any personal |
|                           | akota J Laraby   |         | s/ Danielle E. Laraby  |
|                           | ota J Laraby   |         | Danielle E. Laraby   |
| Signa                     | ature of Debtor 1  | SIQ     | Signature of Debtor 2  |
| Date                      | January 13, 2020   | Date    | January 13, 2020   |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

| Debtor 1                        | Dakota J Laraby           |                           |
|---------------------------------|---------------------------|---------------------------|
| Debtor 2<br>(Spouse, if filing) | Danielle E. Laraby        |                           |
| United States E                 | Bankruptcy Court for the: | Northern District of Ohio |
| Case number<br>(if known)       |                           |                           |

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test* Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

Debtor 2 or

☐ Check if this is an amended filing

## **Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
  - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Debtor 1

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|    |   |                                    |                                  | DODIO. | -    | non- | filing spouse |
|----|---|------------------------------------|----------------------------------|--------|------|------|---------------|
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions).   | and commission                     | ons (before all                  | \$     | 0.00 | \$   | 5,058.58      |
| 3. | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payments from                      | a spouse if                      | \$     | 0.00 | \$   | 0.00          |
| 4. | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3. | Include regular<br>d, your depende | r contributions<br>nts, parents, | \$     | 0.00 | \$   | 0.00          |
| 5. | Net income from operating a business, profession,   | or farm                            |                                  |        |      |      |               |
|    |   | Deb                                | otor 1                           |        |      |      |               |
|    | Gross receipts (before all deductions)  | \$ 0.00                            |                                  |        |      |      |               |
|    | Ordinary and necessary operating expenses   | -\$ 0.00                           |                                  |        |      |      |               |
|    | Net monthly income from a business, profession, or far  | m \$ 0.00                          | Copy here ->                     | \$     | 0.00 | \$   | 0.00          |
| 6. | Net income from rental and other real property  |                                    |                                  |        |      |      |               |
|    |   | Deb                                | otor 1                           |        |      |      |               |
|    | Gross receipts (before all deductions)  | \$ 0.00                            |                                  |        |      |      |               |
|    | Ordinary and necessary operating expenses   | -\$ 0.00                           |                                  |        |      |      |               |
|    | Net monthly income from rental or other real property   | \$ 0.00                            | Copy here ->                     | \$     | 0.00 | \$   | 0.00          |
| 7. | Interest, dividends, and royalties  |                                    |                                  | \$     | 0.00 | \$   | 0.00          |

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

page 1

Best Case Bankruptcy

Case number (if known)

|   |  |  |                             | Column A Debtor 1 |                           | Column B Debtor 2 or non-filing spouse |          |       |           |
|---|--|--|-----------------------------|-------------------|---------------------------|--|----------|-------|-----------|
| 8.  | Unemployment compensation  |  |                             | \$                |                           | 0.00                                   | \$       | 0.00  |           |
|   | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:   |  |                             |                   |                           |  |          |       |           |
|   | For you \$   |  |                             |                   |                           |  |          |       |           |
|   | For your spouse \$   | 0.0  |                             |                   |                           |  |          |       |           |
| 9.  | Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, o United States Government in connection with a disabilit disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that p does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapt  | tated in the next senten<br>r allowance paid by the<br>ry, combat-related injury<br>es. If you received any<br>pay only to the extent the<br>would otherwise be en | ce, do  / or retired nat it | \$_               |                           | 0.00                                   | \$       | 0.00  |           |
| 10.   | Income from all other sources not listed above. Spe  |  | ount.                       |                   |                           |  |          |       |           |
|   | Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism; or compensation, pension, pay, anr United States Government in connection with a disabilit disability, or death of a member of the uniformed service sources on a separate page and put the total below.  | nanity, or international on<br>nuity, or allowance paid<br>y, combat-related injury  | by the<br>or                |                   |                           |  |          |       |           |
|   | ·  |  |                             | \$_               |                           | 0.00                                   | \$       | 0.00  |           |
|   |  |  | _                           | \$_               |                           | 0.00                                   | \$       | 0.00  |           |
|   | Total amounts from separate pages, if any.   |  | +                           | \$_               |                           | 0.00                                   | \$       | 0.00  |           |
| 11.   | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column |  | \$                          |                   | 0.00                      | + \$ _                                 | 5,058.58 | = \$  | 5,058.58  |
| Part  | 2: Determine Whether the Means Test Applies to   | o You  |                             |                   |                           |  |          | incom | 9         |
| 12.   | Calculate your current monthly income for the year.  | Follow these steps:  |                             |                   |                           |  |          |       |           |
|   | 12a. Copy your total current monthly income from line 1  | 1  |                             |                   | Сор                       | y line 11                              | here=>   | \$    | 5,058.58  |
|   | Multiply by 12 (the number of months in a year)  |  |                             |                   |                           |  |          | X 1   | 12        |
|   | 12b. The result is your annual income for this part of the   | e form   |                             |                   |                           |  | 12b      | . \$  | 60,702.96 |
| 13.   | Calculate the median family income that applies to   | you. Follow these steps  | s:                          |                   |                           |  |          |       |           |
|   | Fill in the state in which you live.   | ОН   |                             |                   |                           |  |          |       |           |
|   | Fill in the number of people in your household.  | 5  |                             |                   |                           |  |          |       |           |
|   | Fill in the median family income for your state and size of household  |  |                             |                   |                           |  |          |       |           |
| 14.   | 14. How do the lines compare?  |  |                             |                   |                           |  |          |       |           |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> |  |  |                             |                   |                           |  |          |       |           |
|   | Go to Part 3. Do NOT fill out or file Official Form 122A-2.  14b.  Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> .  Go to Part 3 and fill out Form 122A–2.  |  |                             |                   |                           |  |          |       |           |
| Part  | Part 3: Sign Below   |  |                             |                   |                           |  |          |       |           |
|   | By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   |  |                             |                   |                           |  |          |       |           |
|   | X /s/ Dakota J Laraby X /s/ Danie  |  | elle                        | E. Lar            | aby                       |  |          |       |           |
|   | Dakota J Laraby Signature of Debtor 1  | D  | anielle                     | еE.               | <b>Laraby</b><br>Debtor 2 | <u> </u>                               |          |       |           |
| I   | -  |  | -                           |                   |                           |  |          |       |           |

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

page 2

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| Debtor 1<br>Debtor 2 | Dakota J Laraby  Danielle E. Laraby                           |      | Case number (if known) |  |
|----------------------|---|------|------------------------|--|
| Da                   | ate January 13, 2020  | Date | January 13, 2020       |  |
|                      | MM / DD / YYYY  |      | MM / DD / YYYY         |  |
|                      | If you checked line 14a, do NOT fill out or file Form 122A-2. |      |                        |  |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### United States Bankruptcy Court Northern District of Ohio

| compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept \$ 90.   | or(s) and that or services rendered or to |  |  |  |  |
|--|---|--|--|--|--|
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debto compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept \$ 90.   | or(s) and that or services rendered or to |  |  |  |  |
| <ol> <li>Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debto compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:         For legal services, I have agreed to accept</li></ol>  | or(s) and that or services rendered or to |  |  |  |  |
| compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept \$ 90.   | 00.00<br>00.00                            |  |  |  |  |
|  | 000.00                                    |  |  |  |  |
|  | <del></del>                               |  |  |  |  |
| Prior to the filing of this statement I have received \$   |   |  |  |  |  |
| Balance Due \$   | 0.00                                      |  |  |  |  |
| 2. The source of the compensation paid to me was:  |   |  |  |  |  |
| ■ Debtor □ Other (specify):  |   |  |  |  |  |
| 3. The source of compensation to be paid to me is:   |   |  |  |  |  |
| ■ Debtor □ Other (specify):  |   |  |  |  |  |
| 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and   | associates of my law firm.                |  |  |  |  |
| ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associ copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.   | riates of my law firm. A                  |  |  |  |  |
| 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, inclu  | uding:                                    |  |  |  |  |
| <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul> |   |  |  |  |  |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:<br>Representation of the debtors in any dischargeability actions, judicial lien avoidances, relie any other adversary proceeding.  | ef from stay actions or                   |  |  |  |  |
| CERTIFICATION  |   |  |  |  |  |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representathis bankruptcy proceeding.   | ation of the debtor(s) in                 |  |  |  |  |
| January 13, 2020 /s/ Brian Hizer   |   |  |  |  |  |
| Date  Brian Hizer 0075033 Signature of Attorney  |   |  |  |  |  |
| Signature of Attorney  Law Office of Brian A. Hizer  |   |  |  |  |  |
| 6800 W. Central Avenue, D4   |   |  |  |  |  |
| Toledo, OH 43617<br>419-841-3600 Fax: 419-842-9966   |   |  |  |  |  |
| brianahizer@bex.net  |   |  |  |  |  |
| Name of law firm   |   |  |  |  |  |

## United States Bankruptcy Court Northern District of Ohio

| In re   | Dakota J Laraby<br>Danielle E. Laraby |  | Case No.          |                     |
|---------|---------------------------------------|--|-------------------|---------------------|
|         |                                       | Debtor(s)  | Chapter           | 7                   |
|         | VER                                   | IFICATION OF CREDITOR                              | MATRIX            |                     |
| Γhe abo | ove-named Debtors hereby verify t     | that the attached list of creditors is true and co | rrect to the best | of their knowledge. |
| Date:   | January 13, 2020                      | /s/ Dakota J Laraby                                |                   |                     |
| 2       |                                       | Dakota J Laraby                                    |                   |                     |
|         |                                       | Signature of Debtor                                |                   |                     |
| Date:   | January 13, 2020                      | /s/ Danielle E. Laraby                             |                   |                     |
|         |                                       | Danielle E. Laraby                                 |                   |                     |
|         |                                       | Signature of Debtor                                |                   |                     |

Acceptance Now 5501 Headquarters Dr. Plano, TX 75024

Asset Recovery Solutions 2200 E. Devon Ave. Suite 200 Des Plaines, IL 60018

Associate Credit SE 11 S. Flanders Rd, Ste 140 Westborough, MA 01581

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